

<b>Case Number:</b>	CM15-0018769		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/19/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66 year old female who sustained an industrial injury on 8/19/05. She experiences constant low back pain with intermittent left lower extremity pain to ankle. Her back pain has currently increased to an intensity of 10/10. Of note she has had a non-industrial cerebrovascular accident with residual numbness of right cheek to mouth, and memory was mildly affected, but is improving. Medications significant to the case include Percocet, Prilosec and paroxetine. Diagnoses include radiculopathy, lumbar spine; failed back syndrome, lumbar; fibromyalgia/ myositis. Treatments to date include lumbar epidural steroid injections with decrease in pain by 75-80% temporarily; spinal cord stimulator with mixed results; medications; trigger point injection with temporary relief. Diagnostics are MRI (2007) revealing extensive degenerative changes; lumbar x-ray (2010) compression fracture at L2-3 with decompression laminectomy L4-5. Progress note dated 12/26/14 indicates increased severe back pain and the provider is requesting back brace, MS Contin and oxycodone. On 1/7/15, Utilization Review non-certified the requests for MS Contin 30 mg #90; oxycodone 15 mg # 120; Prilosec 20 mg # 60 with 2 refills and one lumbar support brace citing MTUS: Chronic Pain medical Treatment Guidelines :Opioids; University of Michigan Health System. Gastroesophageal Reflux Disease. Ann Arbor (MI): May 2012; ACOEM Guidelines: Chapter 12: low Back Complaint.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MS Contin 30mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, there was documentation of severe pain rated 11/10 and reduced to 10/10 despite multiple medications, including MS Contin. There was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

**Oxycodone 15mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of

pain after taking the opiate, and the duration of pain relief. In this case, there was documentation of the medication's pain relief effectiveness (only from 11/10 to 10/10 pain level), despite the use of multiple medications. There was no documentation of functional improvement from previous usage of opioids to consider continuation of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

**Prilosec 20mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), PPI's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

**Decision rationale:** According to the California MTUS (2009), Prilosec (Omeprazole), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. There is no documentation indicating the patient had any GI symptoms or risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**One lumbar support brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports.

**Decision rationale:** According to ODG, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). According to MTUS/ACOEM guidelines, lumbar support braces have not been shown to have lasting benefit beyond the acute phase of symptom relief. In this case, this patient has had chronic low back pain complaints, and a lumbar support brace is not warranted. Medical necessity for the requested lumbar support brace has not been supported or established. The requested item is not medically necessary.

