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| <b>Case Number:</b>   | CM15-0130404 |                              |            |
| <b>Date Assigned:</b> | 07/16/2015   | <b>Date of Injury:</b>       | 10/17/2009 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

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

The injured worker was a 57 year old male, who sustained an industrial injury, October 17, 2009. The injured worker previously received the following treatments L5-S1 laminectomy, daily exercise program, self-massage, Thermacare, physical therapy, Meloxicam, Omeprazole, Oxybutynin, Oxycodone, Pristiq, Risperdal, Valium discontinued medications were Percocet, Terocin Patches and Nortriptyline. The injured worker was diagnosed with opioid dependence, depressive disorder, mood disorder, anxiety disorder, anxiety disorder, chronic pain syndrome, lumbar post laminectomy syndrome, and spinal stenosis of the lumbar region, lumbosacral radiculitis, chronic pain syndrome and urinary incontinence. According to progress note of June 8, 2015, the injured worker's chief complaint was chronic low back pain. The injured worker requires Oxycodone for palliative management. The Mobic was taken daily for inflammatory pain caused by the lumbar radiculopathy. The Omeprazole as needed for gastric reflux. The physical exam noted the injured worker walked with an antalgic gait favoring the left leg with a rollator walker. The injured worker walked with a forward flexed body posture. The injured worker had persistent acute chronic lumbar radiculopathy, left worse than the right. The treatment plan included prescriptions for Oxycodone, Meloxicam and Omeprazole. A progress report states that the patient's current medications reduces pain by over 50% and allow him to function in progress with therapy. A urine drug screen performed on October 10, 2014 is within normal limits and state database queries have been consistent

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Oxycodone 10mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): S 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for 90 tablets of Oxycodone 10mg, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested 90 tablets of Oxycodone 10mg is medically necessary.

**30 Tablets of Meloxicam 15mg with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 67-72.

**Decision rationale:** Regarding the request for 30 Tablets of Meloxicam 15mg with 1 refill, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Meloxicam is providing analgesic benefits and objective functional improvement. As such, the currently requested 30 Tablets of Meloxicam 15mg with 1 refill is medically necessary.

**90 Tablets of Oxycodone 10mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for 90 tablets of Oxycodone 10mg, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective

functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested 90 tablets of Oxycodone 10mg is medically necessary.

**30 Capsules of Omeprazole 20mg with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from anti-inflammatory medication. As such, the currently requested omeprazole (Prilosec) is medically necessary.