

Case Number:	CM15-0133162		
Date Assigned:	07/21/2015	Date of Injury:	02/27/1995
Decision Date:	09/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/09/2015

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

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 65-year-old male injured worker suffered an industrial injury on 2-27-1995. The diagnoses included lumbar and thoracic spondylosis without myelopathy and lumbar degenerative disc disease. The treatment included medications. On 6-8-2015, the treating provider reported chronic intractable pain and that with current doses of medications he was able to perform activities of daily living which included housework, cooking, cleaning, washing dishes and grocery shopping. He noted that with medication he was able to perform activities of daily living for up to 30 minutes but without medications he was able to perform for only 5 to 10 minutes. He reported that attempts at weaning medications results in significant reductions in activities. He reported the pain score was reduced by 50% to 60% with medications. The urine screens and CURES reports were consistent with an opioid contract. There was pain in the lower back and left foot at its worst rated 5 out of 10. On exam, there were no spasms in the lumbar spine with tenderness to the lumbar muscles. The lumbar range of motion was reduced. The injured worker had not returned to work. The requested treatments included Oxycodone/acetaminophen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/acetaminophen 5/325mg #56: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Oxycodone/acetaminophen 5/325mg #56. The treating physician states in the report dated 6/8/15, "Oxycodone-acetaminophen 5mg-325mg tablet 1 tablet twice a day PRN for 28 days. The patient is able to perform all his activities of daily living. His pain score reduces by approximately 50-60% with the use of medications". (54B) for chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

Prilosec 20mg DR #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-69.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Prilosec 20mg DR #28. The treating physician states in the report dated 6/8/15, "Prilosec 20mg capsule, delayed release 1 once a day for 28 days". (54B) The MTUS Guidelines state that Prilosec is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA corticosteroids and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no documentation of multiple high dosage NSAIDs or of dyspepsia secondary to NSAID therapy. The current request is not medically necessary.