

Case Number:	CM15-0146372		
Date Assigned:	08/07/2015	Date of Injury:	06/11/1995
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency Medicine

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 is a 55-year-old female who sustained an industrial injury on 6-11-95. She had complaints primarily in her neck, low back and left shoulder. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 6-9-15 reports continued complaints of chronic, severe neck and back pain. After the epidural steroid injection on 2-7-14, she had greater than 80-90% relief in lower back pain radicular symptoms and reported leg pain was intermittent and mild. Cervical facet done on 6-2-15 provided greater than 75% pain relief and functional improvement and she was able to decrease medication requirements. Current pain is rated 4 out of 10 with medication and 10 out of 10 without medication. Diagnoses include: unspecified idiopathic peripheral neuropathy, pain in joint involving other specified sites, status post spinal cord stimulator implant, facet arthropathy cervical, degenerative disc disease cervical and lumbar, cervicgia, brachial neuritis or radiculitis and displacement cervical inter-vertebral disc without myelopathy. Plan of care includes: continue medications, continue home exercise program including moist heat, stretches, strengthening and regular aerobic activities as tolerated, provided self management handouts and encouraged to join pain management support group, continue with psychiatrist, proceed with post op cervical fusion care, appeal denied medications, conservative care of lumbar spine and other industrial injuries and request left shoulder CT without contrast. Work status: temporarily totally disabled. Follow up on 7-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Oxycodone HCL 30mg tabs #210 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. Patient is currently taking up to 7 tablets of Oxycodone 30mg every day. This equates to over 300mg Morphine Equivalent Dose (MED) a day that far exceed recommended maximum daily dose to remain below 120mg MED. While patient has been weaned from an all time high of over 500mg MED, continued weaning is recommended. Provider has documented has claimed that patient claims up to 75% pain relief after cervical injection. Provider should continue weaning. The number of tablets especially refill requested is not consistent with plan for weaning. Oxycodone with refill is not medically necessary.

Prilosec 20mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high-risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. NSAID is not indicated in this patient (see review of Nabumetone) and therefore a PPI is not indicated as well. Prilosec is not recommended.

Nabumetone 500mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is an increased risk of cardiac events with use of NSAIDs. Patient has been on nabumetone chronically with no signs of plan for weaning. The number of refills shows no plan of weaning. Nabumetone is not medically necessary.