

Case Number:	CM15-0161562		
Date Assigned:	08/27/2015	Date of Injury:	07/02/1999
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61-year-old male, who sustained an industrial injury on 7-2-1999. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include chronic back pain, status post lumbar fusion, degenerative disc disease, disc herniation, and depression. Currently, he complained of low back pain with radiation down bilateral lower extremities. Pain was rated 8 out of 10 VAS without medication and 4 out of 10 VAS with medication with 50% reduction of pain and 50% functional improvement. On 6-15-15, the physical examination documented lumbar tenderness, decreased range of motion, and weakness in the right lower extremities, decreased sensation and a positive straight leg raise test bilaterally. The plan of care included a request to authorize Dexilant 60mg #30, Oxycontin 80mg #60, and Oxycodone IR 30 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Official Disability Guidelines, Dexilant 60 mg #30 is not medically necessary. Dexilant is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are status post interbody fusion L3-L4 and L4-L5 with chronic back pain (failed lumbar spinal fusion); postoperative CT myelogram showing interval change with disk herniation and degenerative disc disease above fusion site at L2-L3; depression, insomnia, dyspepsia, depression and anxiety. Date of injury is July 2, 1999. Request for authorization is dated July 9, 2015. Progress notes as far back as 2006 indicate the injured worker has taken multiple opiates including, but not limited to, fentanyl, Oxycontin, Norco. Utilization review indicates Oxycontin was weaned completely February 2015. The treating provider however, continues to prescribe Oxycontin. Similarly, Oxycontin IR was weaned as of November 2014. The treating provider however, continues to prescribe Oxycontin IR. The documentation indicates Dexilant was prescribed as far back as February 10, 2015 along with Zantac. There is no clinical indication in the medical record for a second line proton pump inhibitor. There is no documentation of failed first-line proton pump inhibitor use. According to the most recent progress note dated July 15, 2015, the injured worker subjectively complains of ongoing severe back pain that radiates to the legs. Pain score is 8/10. As noted above, there is no clinical indication for a second line proton pump inhibitor. There is no clinical indication for Dexilant and and H2 receptor blocker, Zantac. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication and rationale for a second line PPI, and no documentation with the clinical indication for a PPI and an H2 receptor blocker, Dexilant 60 mg #30 are not medically necessary.

Oxycontin 80 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 80 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or

a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post interbody fusion L3-L4 and L4-L5 with chronic back pain (failed lumbar spinal fusion); postoperative CT myelogram showing interval change with disk herniation and degenerative disc disease above fusion site at L2-L3; depression, insomnia, dyspepsia, depression and anxiety. Date of injury is July 2, 1999. Request for authorization is dated July 9, 2015. Progress notes as far back as 2006 indicate the injured worker has taken multiple opiates including, but not limited to, fentanyl, Oxycontin, Norco. Utilization review indicates Oxycontin was weaned completely February 2015. The treating provider however, continues to prescribe Oxycontin. Similarly, Oxycontin IR was weaned as of November 2014. The treating provider however, continues to prescribe Oxycontin IR. There are no compelling clinical facts in the medical record to support ongoing Oxycontin. The documentation, according to the utilization review, indicates Oxycontin was weaned completely February 2015. There is no documentation demonstrating objective functional improvement to support ongoing Oxycontin. There are no risk assessments or detailed pain assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation with the risk assessments or detailed pain assessments, Oxycontin 80 mg #60 is not medically necessary.

Oxycodone IR (immediate release) 30 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin IR 30 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post interbody fusion L3-L4 and L4-L5 with chronic back pain (failed lumbar spinal fusion); postoperative CT myelogram showing interval change with disk herniation and degenerative disc disease above fusion site at L2-L3; depression, insomnia, dyspepsia, depression and anxiety. Date of injury is July 2, 1999. Request for authorization is dated July 9, 2015. Progress notes as far back as 2006 indicate the injured worker has taken multiple opiates including, but not limited to, fentanyl, Oxycontin, Norco. Utilization review indicates Oxycontin was weaned completely February 2015. The treating provider however, continues to prescribe Oxycontin. Similarly, Oxycontin IR

was weaned as of November 2014. The treating provider however, continues to prescribe Oxycontin IR. There are no compelling clinical facts in the medical record to support ongoing Oxycontin. The documentation, according to the utilization review, indicates Oxycontin IR was weaned completely November 2014. There is no documentation demonstrating objective functional improvement to support ongoing Oxycontin IR. There are no risk assessments or detailed pain assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation with the risk assessments or detailed pain assessments, Oxycontin IR 30 mg #90 is not medically necessary.