

Case Number:	CM15-0166999		
Date Assigned:	09/04/2015	Date of Injury:	04/24/2006
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Texas

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 57 year old female who sustained an injury on 4-24-06. The initial symptoms and complaints of the injury are not included in the medical records. The PR2 dated 2-12-15 report complaints of ongoing neck and back pain; headaches, numbness in both arms and hands. She is not working and states she cannot function without pain medication. She reports that Opana ER and IR tablets are the only medications that really keep her functional. She takes Opana ER 10 mg 1-2 day for breakthrough pain and Opana ER 10 mg twice daily for pain. Her pain is rated 8 out of 10 and at best with the medication it is 4 out of 10. A request for an MRI cervical spine was requested to rule out any interval changing causing her radicular symptoms in the upper extremities. 7-20-15 progress report documents the current complaints are ongoing neck and back pain; headache; numbness in both arms. She cannot function without pain medication and reports 50% reduction in pain and functional movement with the medication versus not taking them. The pain is rated 4 out of 10 with medication. Physical examination neck range is limited in all planes; cervical compression causes neck pain that radiates to her shoulder blade; muscle spasm in the cervical paraspinal muscles; bilateral shoulders reveals tenderness over the subacromion and range of motion is limited. Examination of both hands reveals positive Phalen's and Tinel's signs. Impressions include cervical sprain, strain with severe underlying spondylosis per MRI with radicular symptoms in both upper extremities; myofascial neck and shoulder girdle pain; bilateral shoulder tendinopathies; upper extremity pain with tingling, numbness, possible carpal tunnel syndrome bilaterally; lower back pain. The plan included the IW to resume her exercise regimen as instructed. Medications refilled Opana ER 10 mg twice a day for chronic pain, 60 tablets; Opana Immediate Release 10 mg tablets twice a day as needed for breakthrough pain, 60; Omeprazole 20 mg daily for dyspepsia from medications

prescribed. Current requested treatments Opana immediate release 10 mg #60; Omeprazole 20 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana immediate release 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

Omeprazole 20mg daily: 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), Treatment Index, Current Edition (web), Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.