

Case Number:	CM15-0180275		
Date Assigned:	09/22/2015	Date of Injury:	04/08/1999
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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, California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 4-8-99. The documentation on 8-11-15 noted that the injured worker has complaints of ongoing neck and back pain, rating his pain 8 out of 10 and at best 4 out of 10 with the medications and 10 out of 10 without medications. The injured worker reports 50 percent reduction in pain and functional improvement with the medications versus not taking them at all. The neck and back examination on 8-11-15 noted that they continue to reveal limited range of motion in all planes and motor strength, sensation, and deep tendon reflexes are grossly intact in the upper and lower extremities with palpable spasm in the lumbar truck and the posterior aspect of the cervical spine with loss of cervical lordotic curvature. The diagnoses have included degeneration of cervical intervertebral disc. Treatment to date has included Percocet for pain; ibuprofen for inflammatory component of pain; ranitidine for dyspepsia from non-steroidal anti-inflammatory drugs (NSAIDs) use; the documentation on 6-16-15 noted that the Norco was not giving him adequate relief and he wanted to go back to the Percocet which he states works better for him. Magnetic resonance imaging (MRI) of the cervical spine revealed spondylotic. Lumbar spine magnetic resonance imaging (MRI) reveals severe degenerative joint disease, facet arthrosis causing neuroforaminal compromise of the lumbosacral spine with degenerative disc disease. The documentation noted that the urine drug screens have been appropriate. The original utilization review (8-25-15) non- certified the request for Percocet 10-325mg 1 tablet every 4-6 hours, as need for pain, #100, outpatient, submitted diagnosis lumbar and cervical degenerative joint disease and ranitidine 150mg twice a day for dyspepsia from non-steroidal anti-inflammatory drugs (NSAIDs) use, #60, outpatient, submitted diagnosis lumbar and cervical degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg 1 tablet q 4-6 hours, prn pain, #100, outpatient, submitted diagnosis lumbar and cervical degenerative joint disease: 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 for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Percocet for several months along with NSAIDS. There was no mention of Tylenol Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

Ranitidine 150mg bid for dyspepsia from NSAID use, #60, outpatient, submitted diagnosis lumbar and cervical degenerative joint disease: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Ranitidine is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on an NSAID and the Ranitidine was used to offset its side effects. There was no diagnosis of GERD however. Justification for continued NSAID use is not provided. Therefore, the continued use of Ranitidine is not medically necessary.