

Case Number:	CM15-0185021		
Date Assigned:	09/25/2015	Date of Injury:	04/29/2002
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old male with a date of injury on 04-29-2002. The injured worker is undergoing treatment for carpal tunnel syndrome, cervical disc disease, and intervertebral lumbar disc disorder with myelopathy-lumbar region, constipation, cardiac conduction disorder, and gastritis. A physician note dated 05-26-2015 documents the injured worker has continued low back and neck pain, which is about the same as the previous visit. Pain is controlled with his medications. He is able to do light activities of daily living and he walks with a cane. He has had some falls due to his left leg weakness. Physician notes dated 06-23-2015 to 07-21-2015 notes he has continued low back pain that radiates to both lower extremities, and he has neck pain. "Pain is well controlled with medications." On 08-04-2015 Utilization Review modified OxyContin, Percocet and Xanax, and non-certified the request for Omeprazole. A physician progress note dated 09-08-2014 documents the injured worker is seen as a consult and a transfer of care. He complains of neck pain, upper, mid and low back pain. Pain radiates down both legs. He rates his pain as 9 out of 10 without medications and 3-4 out of 10 with medications. On examination, strength is 5-5 in lower and upper extremities. He has positive straight leg raise bilaterally at 45-60 degrees in L5 distribution. There is mild to moderate palpable spasms bilaterally in the lumbar paraspinal muscles with positive twitch response. He has a slow gait and uses a cane. A urine drug screen was collected on this date. Treatment to date has included medications, injections, physical therapy, status post upper and lower back surgery in the past with minimal pain relief. He is not working. A urine drug screen done on 03-13-2015

and 03-31-2015 showed consistent results. The Request for Authorization includes Duloxetine 60mg Qty: 30.00, Gabapentin 300mg Qty: 180.00, Omeprazole 20mg capsules Qty: 30.00, OxyContin 30mg Qty: 60.00, Percocet 10/325mg Qty: 120.00, Tizanidine 2mg Qty: 90.00, Trazodone 50mg Qty: 60.00 and Xanax 1 mg Qty: 60.00, Follow up office visit Qty: 1.00, Urine drug screen date of service 9/8/15 Qty: 1.00. On 09-18-2015 Utilization Review non-certified the request for Omeprazole 20mg (since at least 05-26-2015) capsules Qty: 30.00. Percocet 10/325mg (since at least 01-27-2015) Qty: 120.00 was modified to Percocet 10-325mg QTY 72. OxyContin 30mg (since at least 01-27-2015) Qty: 60.00 was modified to OxyContin 30mg, QTY 45. Xanax 1mg (since at least 01-27-2015) Qty: was modified to Xanax 1mg QTY 32.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Oxycontin (Oxycodone), Weaning, Opioids.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to oxycontin to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycontin is not substantiated in the records. The request is not medically necessary.

Percocet 10/325mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Percocet (oxycodone & acetaminophen) Weaning, Opioids.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to percocet to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of percocet is not substantiated in the records. The request is not medically necessary.

Xanax 1mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per the guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to xanax to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity. The request is not medically necessary.

Omeprazole 20mg capsules Qty: 30.00: 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), 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: Omeprazole (Prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.