

Case Number:	CM15-0185070		
Date Assigned:	09/25/2015	Date of Injury:	06/10/2013
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with an industrial injury dated 06-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right greater trochanteric bursitis, right cervical radiculopathy with sensory loss, right shoulder impingement syndrome with acromioclavicular joint degenerative joint disease , bilateral lumbar radiculopathy, L1-S1 spondylosis, L4-L5 and L5-S1 stenosis, left shoulder acromioclavicular joint (AC) joint arthritis, left shoulder impingement syndrome with acromioclavicular joint (AC) joint degenerative joint disease , L5-S1 anterolisthesis and right knee lateral meniscal tear status post partial lateral meniscectomy. Treatment has included diagnostic studies, prescribed medications, corticosteroid injection, and periodic follow up visits. According to the progress note dated 08-24-2015, the injured worker reported neck and bilateral shoulder pain rated a 6-7 out of 10 with medication and a 8-9 out of 10 without medication. The injured worker also reported lower back pain and bilateral ankle pain rated a 7 out of 10 with medication and a 9 out of 10 without medication. Current Medications include Oxycodone Hcl 10 mg, Prilosec Dr 20 mg, and Atorvastatin 40 mg tablet. Objective findings (06-24-2015 to 08-24-2015) revealed tenderness to palpitation over the anterior and posterior bilateral shoulders and bilateral acromioclavicular joint (AC) joint. Decreased bilateral shoulder range of motion and bilateral positive impingement sign were also noted on exam. Medical records indicate that the injured worker has been on Oxycodone and Prilosec since at least 03-25-2015. The treating physician reported that the injured worker was pending surgical intervention for the right shoulder and lumbar spine and is not an appropriate candidate to wean from Oxycodone at this time. The

treating physician prescribed Oxycodone 10mg 1 Tablet by Oral every 4 hours as needed #180 and Prilosec 20mg 1 Tablet by oral Twice per day #60, now under review. The original utilization review determination (09-02-2015) modified the request for Oxycodone 10mg 1 Tablet by Oral every 4 hours as needed #162 (original #180) and non-certified Prilosec 20mg 1 Tablet by oral Twice per day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg 1 Tablet by Oral every 4 hours as needed #180: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with neck and bilateral shoulder pain, right > left, radiating down mid-scapular region and down the bilateral upper extremities, low back pain radiating down right buttocks down right lower extremity with numbness, and bilateral ankle pain extending to top of feet, with pain rated 7/10 on VAS scale with medication and increases to 9/10 on VAS scale without medication. The treater has asked for Oxycodone 10mg 1 Tablet by Oral every 4 hours as needed #180 on 8/24/15. The patient's diagnoses per request for authorization dated 8/24/15 are right cervical radiculopathy with sensory loss, right shoulder impingement syndrome with AC joint degenerative joint disease, bilateral lumbar radiculopathy, L4-5 and L5-S1 stenosis, right knee lateral meniscal tear, s/p partial lateral meniscectomy, right greater trochanteric bursitis, L1-S1 spondylosis, L5-S1 anteriolisthesis, left shoulder AC joint arthritis, left shoulder impingement syndrome with AC joint degenerative joint disease. The patient is s/p activity/lifestyle modifications, corticosteroid injection, and physical therapy which have all failed per 6/24/15 report. The patient is currently using Oxycodone, Prilosec, and Atorvastatin per 8/24/15 report. The patient's work status is temporarily totally disabled until 10/5/15 per 8/24/15 report. MTUS, Criteria For Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it

"Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient was taking Norco but it was not controlling symptoms, so the treater switched to Oxycodone per 8/24/15 report. Patient has been taking Oxycodone since 2/24/15 and in reports dated 3/31/15, 5/21/15, and 8/24/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen on 4/22/15 was consistent, and the patient does have a current opioid contract per 8/24/15 report. However, given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.

Prilosec 20mg 1 Tablet by oral Twice per day #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with neck and bilateral shoulder pain, right > left, radiating down mid-scapular region and down the bilateral upper extremities, low back pain radiating down right buttocks down right lower extremity with numbness, and bilateral ankle pain extending to top of feet, with pain rated 7/10 on VAS scale with medication and increases to 9/10 on VAS scale without medication. The treater has asked for Prilosec 20mg 1 Tablet by oral Twice per day #60 on 8/24/15. The patient's diagnoses per request for authorization dated 8/24/15 are right cervical radiculopathy with sensory loss, right shoulder impingement syndrome with AC joint degenerative joint disease, bilateral lumbar radiculopathy, L4-5 and L5-S1 stenosis, right knee lateral meniscal tear, s/p partial lateral meniscectomy, right greater trochanteric bursitis, L1-S1 spondylosis, L5-S1 anterolisthesis, left shoulder AC joint arthritis, left shoulder impingement syndrome with AC joint degenerative joint disease. The patient is s/p activity/lifestyle modifications, corticosteroid injection, and physical therapy which have all failed per 6/24/15 report. The patient is currently using Oxycodone, Prilosec, and Atorvastatin per 8/24/15 report. The patient's work status is temporarily totally disabled until 10/5/15 per 8/24/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69 states that "Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID....NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Prilosec has been prescribed since report dated 2/24/15 and in reports dated 5/27/15 and 6/24/15. Per progress report dated 8/24/15, the patient "has not been prescribed Protonix in over a year now and has been utilizing Prilosec with good benefit." MTUS allows for prophylactic use of PPI

along with oral NSAIDs when appropriate GI risk is present. However, review of reports do not show a diagnosis of gastritis. In addition, the patient is not currently taking an NSAID per 8/24/15 report. Therefore, the request IS NOT medically necessary.