

Case Number:	CM15-0188250		
Date Assigned:	09/30/2015	Date of Injury:	12/27/2007
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male who sustained an industrial injury on 12-27-2007. A review of the medical records indicated that the injured worker is undergoing treatment for discogenic lumbar back with left leg pain and equinovarus deformity of the right foot aggravated by the condition. The injured worker has a medical history of diabetes mellitus. According to the treating physician's progress report on 07-15-2015, the injured worker continues to experience low back and left leg pain associated with numbness and tingling. Examination demonstrated tenderness across the lumbar paraspinal muscles bilaterally, pain along the facets and positive facet loading. The injured worker ambulates with a slight antalgic wide-based gait. Prior treatments have included diagnostic testing with official report of lumbar spine magnetic resonance imaging (MRI) dated 07-18-2014, lumbar epidural steroid injection times 2, back brace, transcutaneous electrical nerve stimulation (TEN's) unit, hot and cold wraps and medications. Current medications were listed as Norco, OxyContin (since approximately March 2015), Gabapentin and topical analgesics. There was no discussion in the review regarding gastrointestinal (GI) distress. Treatment plan consists of pain management referral, spinal surgical consultation and the current request for OxyContin 10mg #30, Voltaren gel 1% 100g #3 tubes and AcipHex 20mg #30. On 08-25-2015 the Utilization Review determined the request for OxyContin 10mg #30, Voltaren gel 1% 100g #3 tubes and AcipHex 20mg #30 was not certified but weaning was advised for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #30: 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, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/15/15. Therefore the request is not medically necessary.

Voltaren gel 1% 100g #3 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 111 and 112, NSAIDs, states that Voltaren Gel is, indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case the requested medication is for treatment of the lumbar spine which, according to the guidelines, does not warrant Voltaren Gel. Therefore the request is not medically necessary.

AcipHex 20mg #30: 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.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for proton pump inhibitors (i.e. Aciphex) is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. The cited records from 7/15/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore the requested Aciphex is not medically necessary.