

Case Number:	CM15-0197612		
Date Assigned:	10/13/2015	Date of Injury:	12/31/1997
Decision Date:	12/17/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 Jersey, New York
 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 63 year old male, who sustained an industrial injury on 12-31-97. The injured worker was diagnosed as having lumbosacral spinal disc syndrome with strain-sprain disorder, radiculopathy, cauda equine syndrome; arachnoiditis, associated hypertension; discomfort of left foot-left great toe; chronic pain syndrome with idiopathic insomnia. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-26-15 indicated the injured worker complains of low back pain described as sharp, stabbing, stiffness, weakness, numbness, paresthesia and generalized discomfort. The patient reports he has had a good, but partial response to medication. The provider documents "Patient showed me today papers showing that his left foot is also part of his claim and he has a great deal of pain and discomfort in that left foot area, particularly the left great toe. I will refer him to a podiatrist for evaluation and treatment." The provider notes Objective Findings as: "Reduced range of motion of the lumbosacral spine in all planes. Augmented touch-floor gap and reduced bilateral straight-leg raising measurements. Reduced sensation and strength in the distribution of the bilateral L4, L5 and S1 spinal nerve roots. Absent deep tendon reflexes below the waist. Tender, painful bilateral lumbosacral paraspinal muscular spasms were noted." The treatment plan included a request for medication refills. Additional PR-2 notes for prior dates of service back as far as 2013 indicate these medications have been prescribed. A Request for Authorization is dated 10-7-15. A Utilization Review letter is dated 9-17-15 and non-certification for Oxycodone 30mg #120 as "weaning of Oxycontin was completed"; and Prilosec 20mg #30. The Utilization Review letter modified the certification for Percocet 10/325mg #120 to authorize #90 for "weaning" and

the remaining #30 non-certified and modified the certification of Soma 350mg #90 authorized #8 for "weaning" and the #81 non-certified. A request for authorization has been received for Percocet 10/325mg #120; Oxycodone 30mg #120; Prilosec 20mg #30 and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

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

Decision rationale: The request for oxycodone is not medically necessary. The patient has been on long-term opioid use. The chart does not provide any documentation of improvement in pain and function with the use of oxycodone. There are no documented drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief oxycodone provided. Because there was no documented improvement in pain or evidence of objective functional gains with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. There is documentation that the patient should be weaned off oxycodone. The request is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: The request is not medically necessary. The patient has been taking Percocet long-term. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Percocet. There are no drug contracts included in the chart or long-term goals for treatment. Weaning was recommended. The 4 A's opioid monitoring were not adequately documented. Therefore, the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opiates as well. Therefore, it is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs, which the patient is not on. There was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.