

Case Number:	CM15-0198366		
Date Assigned:	10/13/2015	Date of Injury:	01/29/2002
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of January 29, 2002. In a Utilization Review report dated September 26, 2015, the claims administrator approved requests for Percocet and omeprazole. The claims administrator referenced an August 7, 2015 office visit and an associated September 16, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 16, 2015, Cymbalta, Motrin, Neurontin, Prilosec, and Percocet were all endorsed. On an associated office visit dated August 7, 2015, the applicant reported 7/10 pain with medications versus 10/10 without medications. The applicant's pain levels were unchanged, it was reported. The attending provider contended that the applicant's ability to sit and walk in unspecified amounts was ameliorated as a result of ongoing medication consumption. The applicant was still smoking half a pack per day, it was acknowledged. The applicant's BMI was 32, it was reported. The attending provider contended that ongoing usage of omeprazole had significantly attenuated complaints of reflux associated with opioid consumption. Multiple medications were renewed, along with the applicant's permanent work restrictions. The note was some 10 pages long and mingled historical issues with current issues to occurring degree. The applicant had apparently received a recent cervical epidural steroid injection. The attending provider did not explicitly state whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325 mg QTY 180.00: 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, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the August 7, 2015 office visit at issue. It did not appear, however, that the applicant was working following imposition of permanent work restrictions. While the attending provider did recount a reported reduction in pain scores from 10/10 without medications to 7/10 with medications on August 7, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to clearly report the applicant's work status, and the attending provider's failure to identify meaningful, material, or substantive improvements in function effected as a result of ongoing Percocet usage (if any). The attending provider's commentary to the fact that the applicant's sitting and standing tolerance have ameliorated as a result of ongoing medication consumption did not constitute evidence of a substantive benefit derived as a result of ongoing Percocet usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.

Omeprazole 20 mg QTY 240.00: Overturned

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: Conversely, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, or by analogy the stand-alone dyspepsia reportedly present here. The attending provider reported on August 7, 2015 that the applicant's issues of reflux had been effectively attenuated following introduction of omeprazole. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

