

Case Number:	CM15-0199309		
Date Assigned:	10/14/2015	Date of Injury:	04/12/2008
Decision Date:	12/17/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 injured worker is a 47 year old male, who sustained an industrial injury on 4-12-2008. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain, canal stenosis, bilateral radiculopathy, and status post major laminectomy, foraminotomy, L5-S1 disk repair with disk compression and residual symptoms. According to the progress report dated 9-3-2015, the injured worker presented for follow-up on his lumbar sprain injury. The treating physician states that "overall, he is substantially improved". He reports ongoing left low back and buttocks pain. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are Hydrocodone-Acetaminophen, Ibuprofen, Ondansetron, Lidocaine patch, Eszopiclone, Alprazolam, Hydromorphone, and Ranitidine. The records do not indicate when Percocet, Hydromorphone, and Ranitidine were originally prescribed. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, ice, physical therapy, TENS unit, 6 acupuncture sessions, massage, psychotherapy, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-30-2015) had non-certified a request for Percocet, Hydromorphone, Ranitidine, and 6 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, QTY: 10: 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), Weaning, Opioids (specific guidelines).

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

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Percocet 10/325mg, QTY: 10 is not medically necessary.

Hydromorphone 2mg, QTY: 10: 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), Weaning, Opioids (specific guidelines).

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

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Hydromorphone 2mg, QTY: 10 is not medically necessary.

Ranitidine HCL 150mg, QTY: 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to

determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor ranitidine. Ranitidine HCL 150mg, QTY: 240 is not medically necessary.

Acupuncture sessions, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture sessions, QTY: 6 is not medically necessary.