

Case Number:	CM15-0202637		
Date Assigned:	10/19/2015	Date of Injury:	07/06/2004
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina
 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 52 year male old who sustained an industrial injury on 7-6-04. A review of the medical records indicates that the worker is undergoing treatment for failed back surgery syndrome, status post posterior lumbar interbody fusion at L4-L5 and L5-S1 (7-2010), Morphine pain pump (5-22-15), bilateral shoulder sprain-strain, bursitis, tendinitis and impingement syndrome secondary to cane use (resolved), and bilateral wrist pain- (resolved). Subjective complaints (9-14-15) include pain with medication is rated 5 out of 10 and without medication is rated 8-9 out of 10. He uses a wheelchair-scooter for long distances. Objective findings (9-14-15) include tenderness to palpation over the lumbar paravertebral musculature and quadratus lumborum muscle, positive straight leg raise, and decreased sensation to pinprick and light touch in bilateral L4-S1. The treatment plan notes to follow up with the physician for the lumbar spine pump, Dexilant, Neurontin, Lyrica, OxyContin, and Ranitidine. Previous treatment notes OxyContin (since at least 8-16-15) and Ranitidine (since at least 6-1-15). A request for authorization is dated 9-14-15. The requested treatment of OxyContin 60mg #90 was modified to #56 and Ranitidine 300mg #30 was denied on 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 60mg qty 90.00: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 9/10 to a 5/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Ranitidine 300mg qty 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, ranitidine.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of gastritis, peptic ulcer disease, dyspepsia or GERD. There is no documentation that the patient has any of these diagnoses due to industrial incident. Therefore the request is not medically necessary.