

<b>Case Number:</b>	CM15-0204646		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/07/2006
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

Review indicates she is being treated for chronic pain syndrome and hip pain. Subjective complaints (09-21-2015) included right hip pain, left ankle pain and right shoulder pain. Precipitating factors included standing, walking and prolonged sitting. Numeric pain rating, specific activities of daily living or gastrointestinal complaints are not indicated in the medical record review. Work status (08-24-2015) is documented as: "Unable to work in any capacity at this time, hasn't worked for 2 years." Current medications included Celebrex, Pamelor, Oxycodone (at least since 03-28-2015), Voltaren Gel, Prilosec (at least since 03-28-2015), Qvar and Nortriptyline. Prior medications included Norco. The treating physician indicated she was switched from Norco to Oxycodone "which she feels does work better and improves her quality of life." Prior treatment included physical therapy resulting in "moderate benefit." Other treatments included orthotics, monitoring by hip specialist for labral tear (did not want to proceed with surgical intervention) and medications. Physical exam noted "moderately" restricted range of motion in all planes of movement of the lumbar spine. FABER test was positive right hip. Gait was antalgic favoring right hip, "however stable with single pronged cane." The treating physician documented the injured worker reported that medications "do give substantial pain relief, with improved function and quality of life." The physician also documented the injured worker denied any significant adverse effects and reported compliance with opioid agreement. On 09-28-2015 the request for Prilosec 20 mg - Quantity 30 and Oxycodone 5 mg - Quantity 210 was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular riskfactors. Determine 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 a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) 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 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

**Oxycodone 5mg, #210:** 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 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 no documented significant improvement in VAS scores for significant periods of time. 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.