

Case Number:	CM15-0028302		
Date Assigned:	02/20/2015	Date of Injury:	08/15/2009
Decision Date:	05/19/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male who sustained a work related injury to his back, ribs, knees, elbows and neck when a customer was stealing a case of beer and ran into the injured worker who tried to keep from falling and hit his upper back on a wheelchair on August 15, 2009. The injured worker was diagnosed with lumbar radiculopathy, lumbar spinal stenosis, elbow and forearm sprains/strains, chondromalacia patella, and chronic pain syndrome. The injured worker underwent right knee arthroplasty (2013); right elbow removal of osteophytes, capsulectomy, capsulotomy, humeral osteotomy/foraminotomy and ulnar neurolysis and subcutaneous transposition on December 1, 2014. The injured worker's medication level without pain medications was 10/10 and with medications was 4/10. The injured worker indicated he could walk more with taking his pain medications and needed a refill. The documentation indicated had a narcotic agreement on file and did not exhibit any drug seeking behavior. The injured worker would undergo a urine drug screen in the clinic to ensure compliance. The injured worker was additionally status post left total knee arthroplasty on 12/05/2013. The documentation indicated gabapentin 100 mg would be continued for neuropathic pain symptoms, OxyContin 80 mg 3 times a day to improve pain and function, Percocet 10/325 every 4 hours for breakthrough pain #180 to improve function, docusate 100 mg for opioid induced constipation, and omeprazole for GI upset due to chronic pain medication usage. Current medications consist of Dilaudid, OxyContin ER, Percocet, Gabapentin, Omeprazole, Docusate, Zolpidem and topical analgesic. Treatment modalities consist of post-op physical therapy and medication. The treating physician requested authorization for OxyContin 80mg, ninety (#90); Percocet

10/325mg, one hundred eighty (#180); Docusate 100mg, sixty (#60); Omeprazole 20mg; thirty (#30); Gabapentin 100mg, ninety (#90). On February 6, 2015 the Utilization Review denied certification for OxyContin 80mg, ninety (#90); Percocet 10/325mg, one hundred eighty (#180); Docusate 100mg, sixty (#60); Omeprazole 20mg, thirty (#30); Gabapentin 100mg, ninety (#90). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg number ninety (#90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, the oral morphine equivalents would be 420 mg which far exceeds the guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 80mg number ninety (#90) is not medically necessary.

Percocet 10/325mg number one hundred eighty (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, the oral morphine equivalents would be 420 mg which far exceeds the guideline recommendations. The request as submitted

failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325mg number one hundred eighty (#180) is not medically necessary.

Docusate 100mg number sixty (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had constipation as a side effect from the medications. However, the efficacy for the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for docusate 100 mg #60 is not medically necessary.

Omeprazole 20mg number thirty (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had medication induced gastritis. However, the efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20mg number thirty (#30) is not medically necessary.

Gabapentin 100mg number ninety (#90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The

clinical documentation submitted for review indicated had 30% to 50% pain relief and objective functional improvement. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 100 mg #90 is not medically necessary.