

Case Number:	CM15-0212550		
Date Assigned:	11/02/2015	Date of Injury:	03/23/2004
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on March 23, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbosacral region radiculopathy, postlaminectomy syndrome not elsewhere classified and long term (current) use of opiate analgesic. Treatment to date has included diagnostic studies, surgery, aqua therapy with benefit, cognitive behavioral therapy with benefit and medication. A spinal cord stimulator was noted to continue to provide "some relief." A caudal epidural steroid injection gave her 70% pain relief for three days. A left L4-5, L5-S1 transforaminal epidural steroid injection provided 20% relief for two weeks total. On October 20, 2015, the injured worker complained of low back pain extending down the anterior and posterior lateral left greater than right lower extremities to the feet. The quality of the pain was described as pressure, achy, burning and stinging. The pain was noted to be relieved "somewhat" by medication and rest and then about 30% by spinal cord stimulation. Due to continued elevation of pain, she reported reducing her work. Her past wean of Oxycontin was reduced from 60mg every 12 hours to 50mg every 12 hours. Since the decrease, she noted an increase in her pain and decrease in her function. Prilosec was reported to not help with her dyspepsia but Dexilant continues to control it. On the day of examination, her current medication regimen included Oxycontin, MS IR, Dexilant, Lidoderm patch, Cymbalta, Miralax and Docusate Sodium. The treatment plan included medications, follow-up visit, consider updated

CT-MRI and continuation of aqua therapy. On October 27, 2015, utilization review denied a request for Oxycontin, MS IR and Dexilant. A request for Cymbalta 60mg and 30mg and Docusate was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (unspecified dosage and quantity): Upheld

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

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

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

MSIR (unspecified dosage and quantity): Upheld

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

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

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Dexilant (unspecified dosage and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. However, the medication is not indicated indefinitely. The records in this case provide limited detail regarding the efficacy of this medication or duration of proposed use in this notably chronic setting. Therefore this request is not medically necessary.