

Case Number:	CM15-0049237		
Date Assigned:	03/23/2015	Date of Injury:	12/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 34 year old male, who sustained an industrial injury on December 18, 2012. He reported a low back injury. The injured worker was diagnosed as having lumbar post-laminectomy syndrome. Treatment to date has included medications, lumbar surgery, hospitalization, and physical therapy. On December 3, 2014, he was seen for follow-up after lumbar spine surgery. The treatment plan includes: revision of L5-S1 instrumentation, and medications. The request is for Percocet 10/325mg #90, Protonix 40mg #60, and Oxycontin 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with ongoing back with right leg radiculopathy. The patient has history of bilateral fasciotomies (undated), L5-S1 anterior-posterior fusion on 09/15/14, and removal of hardware at L5-S1 on the right with pedicle screw instrumentation of L5-S1 on the left on 12/14/14. The request is for PERCOCET 10/325mg #90 on 02/19/15. The utilization review letter dated 02/26/15 certified the request with modification to Percocet 10/325mg #60. The work status is temporarily totally disabled per 10/08/14 report. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. Review of reports shows that the patient has been taking this medication as early as 08/19/14. In this case, the treater does not use any numerical scales to the patient's pain and function specific to Percocet as required by MTUS. There are no discussion of the four A's, including specific improvements in ADL's. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Protonix 40 mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with ongoing back with right leg radiculopathy. The patient has history of bilateral fasciotomies (undated), L5-S1 anterior-posterior fusion on 09/15/14, and removal of hardware at L5-S1 on the right with pedicle screw instrumentation of L5-S1 on the left on 12/14/14. The request is for PROTONIX 40mg #60 with 3 refills on 02/19/15. The request is certified by the utilization review letter dated 02/26/15 with the modification to Protonix 40mg #60 with no refill. The work status is temporarily totally disabled per 10/08/14 report. MTUS guideline page 68 supports use of this medication for prophylaxis with NSAIDs if GI assessment has been provided. GI assessments include age > 65, history of PUD or bleeding ulcer, concurrent use of other anticoagulants or high dose NSAIDs, etc. PPI's can also be used to treat GERD, ulcers and gastritis. Review of reports shows that the patient has been taking Protonix as early as 08/19/14. In this case, review of the reports provided show no discussion of the gastrointestinal complaint by this patient. Furthermore, there is no discussion of the efficacy or use of this medication. The request IS NOT medically necessary.

Oxycontin 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with ongoing back with right leg radiculopathy. The patient has history of bilateral fasciotomies (undated), L5-S1 anterior-posterior fusion on 09/15/14, and removal of hardware at L5-S1 on the right with pedicle screw instrumentation of L5-S1 on the left on 12/14/14. The request is for OXYCONTIN 10mg #30 on 02/19/15. The request is certified by the utilization review letter dated 02/26/15 with the modification to Oxycontin 10mg #20. The work status is temporarily totally disabled per 10/08/14 report. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of reports shows that the patient has been taking this medication since 10/08/14. In this case, the treater does not address the four A's including analgesia with the use of before and after pain scales; specific ADL's to show significant functional improvement; adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. No outcome measures were provided either as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.