

<b>Case Number:</b>	CM15-0053422		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 2/6/08. He subsequently reported low back pain. Diagnoses include lumbar radiculopathy, post laminectomy syndrome and lumbar DDD. Diagnostic testing has included x-rays and MRIs. Treatments to date have included modified work duties, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Omeprazole, Methadone and Percocet medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg capsule sig take one daily #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Omeprazole DR 20 mg capsule sig take one daily #30 with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back pain with radiation to both lower extremities. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole DR 20 mg capsule sig take one daily #30 with 3 refills is not medically necessary.

**Methadone HCL 10 mg tablet SIG take one four times daily #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** The requested Methadone HCL 10 mg tablet SIG take one four times daily #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The injured worker has low back pain with radiation to both lower extremities. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Methadone HCL 10 mg tablet SIG take one four times daily #120 is not medically necessary.

**Percocet 10-325 mg tablet SIG take one every 3-4 hours as needed for pain maximum 4/day #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Percocet 10-325 mg tablet SIG take one every 3-4 hours as needed for pain maximum 4/day #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80 82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented

opiate surveillance measures. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10-325 mg tablet SIG take one every 3-4 hours as needed for pain maximum 4/day #120 is not medically necessary.