

<b>Case Number:</b>	CM15-0059862		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 49-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2007. In a Utilization Review report dated March 26, 2015, the claims administrator partially approved a request for oxycodone and denied a request for Prilosec. A March 18, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated March 11, 2013, the applicant was given a 37% whole person impairment rating. It was stated that the applicant was unable to return to work following earlier failed lumbar fusion surgery. On September 23, 2014, Pamelor, oxycodone, Senna, OxyContin, and Neurontin were renewed. On October 31, 2014, the applicant reported 8/10 low back pain with derivative complaints of anxiety, weakness, and joint pain. The applicant's medication list included OxyContin, oxycodone, Pamelor, Savella, Prilosec, and Relafen. 9/10 pain without medications versus 7/10 pain with medications was reported. The applicant was asked to try to lose weight. Multiple medications were renewed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. The applicant's permanent work restrictions were likewise renewed. It did not appear that the applicant was working with said limitation in place. On January 16, 2015, oxycodone, BuTrans patches, Vistaril, Savella, and Pamelor were renewed, along with the applicant's permanent work restrictions. It was suggested that the applicant was improved as a result of medication consumption. This was not elaborated upon, however. The applicant's low back pain

was described as constant. The applicant was not working, it was acknowledged. There was no mention of the applicant's having any issues with heartburn and/or dyspepsia on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs related GI complaints.

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

**Decision rationale:** No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above, interspersed throughout late 2014 and early 2015. Therefore, the request was not medically necessary.

**Oxycodone 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was acknowledged on multiple progress notes, referenced above. The applicant had not worked in several years, it was acknowledged. While the attending provider did outline some reported reduction in pain scores from 9/10 without medications to 7/10 with medications, these appeared minimal to marginal at best and were, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.