

Case Number:	CM15-0085985		
Date Assigned:	05/08/2015	Date of Injury:	09/12/2014
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 injured worker is a 27-year-old male with an industrial injury dated 9/12/2014. The injured worker's diagnoses include degeneration of lumbar intervertebral disc and low back pain. Treatment consisted of diagnostic studies, prescribed medications, 18 sessions of physical therapy and periodic follow up visits. In a progress note dated 4/20/2015, the injured worker reported low back pain radiating into his buttocks. The injured worker rated his pain a 7/10 and he reported that the pain is somewhat relieved by medications. Objective findings revealed severe myofascial tenderness in the lumbar paraspinal muscles and gluteal musculature, decrease lumbar range of motion, and a visibly depressed and anxious mood. The treatment plan included medication management. The treating physician prescribed Percocet 10mg #60 and Omeprazole 20mg #60 with 5 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the use of opioid medications when there is meaningful pain relief, functional improvements and the absence of drug related aberrant behaviors. This individual meets these Guideline criteria. Up to a 50% improvement in pain and increased activity levels are documented with opioid use. No aberrant behaviors are apparent. Under these circumstances, the Percocet 10mg #60 is medically necessary.

Omeprazole 20mg #60 with 5 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 and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines do not support the routine use of proton pump inhibitors unless there are specific risk factors presently i.e. age over 60, history of ulcers/gastritis or symptoms related to medications. These recommended risk factors are not documented to be present. This class of medications is not benign with long-term use associated with increased fractures, lung infections and biological metals dysregulation. The Omeprazole 20mg. #60 with 5 refills is not supported by Guidelines and is not medically necessary.