

Case Number:	CM14-0128529		
Date Assigned:	09/15/2014	Date of Injury:	04/17/1986
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 63-year-old male with a date of injury of 4/17/86. The mechanism of injury was not noted. His current medications include Oxycontin 80mg #240, Norco 10/325mg #300, Lyrica 75mg #60, and Prevacid 30mg. On 4/7/14, he complained of significant issues in the lumbar spine, both axial and radicular pain. He reports using these meds chronically for many years. He denies side effects from the medications. On exam the sciatic notch was tender bilaterally. There was decreased range of motion in the lumbar spine. He continued to have pain with flexion and extension movements of the trunk. His gait remains unsteady and he uses a cane to ambulate. Other meds include Coumadin, Lipitor, Lasix, Amiodarone, and Lisinopril. The diagnostic impression is lumbago with left sided radiculopathy and failed back surgery syndrome. Treatment to date: s/p lumbar laminectomies x 3 (1986, 1988, and 1989), lumbar MRI on 3/14/03, and medication management. A UR decision dated 7/23/14 modified the requests for Oxycontin and Norco, and denied the request for Prevacid. The Oxycontin 80mg #240 was modified to Oxycontin 80mg #210 and the Norco 10/325mg #300 was modified to Norco 10/325mg #270, because although it is reported the patient's pain is controlled, his pain level remains significantly elevated. His morphine equivalent dose (MED) for him is 1060 which is 10 times the maximum MED recommended by guidelines. There is no documentation of urine drug screens (UDS) in the last 12 months provided for review, and no documentation regarding significant functional improvement such as the ability to return to work as a result of long-term use of opiates. The treating physician is prescribing Oxycontin four times a day. This medication is FDA approved and indicated (per manufacturer) for twice daily dosing. The patient requires at least 10 tablets of Norco a day for breakthrough pain on a routine and daily basis, which indicates poor efficacy with treatment. Also, the patient's pain may be exacerbated by opioid hyperalgesia, due to chronic high dose opioid use. Continued treatment with

Oxycontin and Norco is not supported by guidelines and the modified quantities are certified to allow for gradual tapering of Oxycontin and Norco to avoid abrupt cessation and gradual tapering. The Prevacid was denied because there is no documentation of symptoms associated with the use of Prevacid such as GI symptoms, or the use of NSAIDs. Therefore, the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 80 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient has been on long-term Oxycontin 80mg #240 or 8 tabs/day and Norco 10/325mg #300 or 10 tablets per day. This is equivalent to an MED of 1960, far above the guideline recommendation ceiling of 200. Guidelines also note that high-dose opioids may produce hyperalgesia, headache, neuroendocrinologic dysfunction, and immunosuppression. The CNS effects of such large-doses should not be underappreciated. The UR modified the Oxycontin 80mg #240 to Oxycontin 80mg #210 to allow for a tapering of the dose of Oxycontin. Therefore, the request for Oxycontin ER 80mg #30 was not medically necessary.

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient has been on long-term Norco 10/325mg #300 or 10 tablets per day and Oxycontin 80mg #240 or 8 tabs per day. This is equivalent to an MED of 1960, far above the guideline recommended ceiling of 200. Guidelines also note that high-dose opioids may produce hyperalgesia, headache, neuroendocrinologic dysfunction, and immunosuppression. The CNS effects of such large-doses should not be underappreciated. The UR modified the Norco

10/325mg #300 to Norco 10/325mg #270 to allow for a tapering of the dose. Therefore, the request for Norco 10/325mg was not medically necessary.

Prevacid 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Prevacid

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prevacid is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc. It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. However, it is not noted in the records submitted that the patient has either GI disorders or on any NSAIDs. In addition the request does not state a quantity requested. Therefore, the request for Prevacid 30mg was not medically necessary.