

Case Number:	CM14-0158563		
Date Assigned:	10/02/2014	Date of Injury:	09/05/2001
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59 years old female with an injury date on 09/05/2001. Based on the 08/21/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right plantar fasciitis 2. Status post L5-S1 disc arthroplasty per [REDACTED] 3. Strain/sprain of the lumbar spine superimposed upon disc bulging L1-2, L4-5, and L5-S1 per MRI scan. 4. Intractable low back pain 5. Cervical facet arthropathy 6. Cervical degenerative disc disease 7. Neural foraminal stenosis C5-C6, left sided severe 8. Cervical radiculopathy 9. Right subacromial bursitis 10. Status post bilateral L5-S1 laminectomy (06/25/2009) 11. Status post release of extensor carpi radialis brevis, right elbow. According to this report, the patient complains of bilateral neck pain, upper back pain and bilateral lower back pain. Pain is rated at a 2/10 with medications and 7/10 without medications. There no medications abuses suspected. Physical exam reveals restricted cervical and lumbar range of motion. Tenderness noted over the bilateral cervical/ lumbar paravertebral muscles. Spurling's maneuver is positive with radiating pain to the upper extremity. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/21/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS medication: Percocet tab 10-325mg day supply: 30 Qty: 90 Refills: 00:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS O.

Decision rationale: According to the 08/21/2014 report by [REDACTED] this patient presents with bilateral neck pain, upper back pain and bilateral lower back pain. The treater is requesting Percocet tab 10/325mg day supply: 30, # 90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Percocet was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. Review of reports show numerical scale to assessing the patient's pain levels with and without medication. But, there is no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Percocet. There are no opiate monitoring such as urine toxicology. MTUS require not only anagesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Medication: Oxycontin Tab 30mg CR day supply: 30 Qty: 60 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Opioid for chronic pa.

Decision rationale: According to the 08/21/2014 report by [REDACTED] this patient presents with bilateral neck pain, upper back pain and bilateral lower back pain. The treater is requesting Oxycontin tab 30mg CR, day supply: 30, #60. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycontin was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. Review of reports show numerical scale to assessing the patient's pain levels with and without medication. But, there is no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Oxycontin. There are no opiate monitoring such as urine toxicology. MTUS require not only anagesia but documentation

of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Medication: Ranitidine Tab 300mg day supply: 30 Qty: 30 Refills: 00: 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 PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/21/2014 report by [REDACTED] this patient presents with bilateral neck pain, upper back pain and bilateral lower back pain. The treater is requesting Ranitidine tab 300mg, day supply: 30, #30. Ranitidine was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Ranitidine is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. It is not known if the patient is taking any oral NSAIDs to require GI prophylaxis. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The reports do not mention any GI problems such as gastritis or GERD to warrant use of this medication. The request is not medically necessary.