

Case Number:	CM14-0169693		
Date Assigned:	12/12/2014	Date of Injury:	11/27/1998
Decision Date:	01/15/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 patient with a date of injury of November 27, 1998. A utilization review determination dated September 22, 2014 recommends modified certification for Endocet and Lansoprazole. Three refills were requested for each, but the request was modified to a weaning dose of Endocet and one month supply of Lansoprazole. A progress report dated August 29, 2014 identifies subjective complaints of low back pain radiating into the right lower extremity. The patient has undergone 2 spine surgeries previously. The note indicates that the medications help her "a lot and otherwise her pain would be unbearable." Medications include OxyContin, Prevacid, Percocet, Lunesta, Gabitril, Celebrex, Lidocaine, and Baclofen. The review of systems identifies no fatigue, constipation, depression, somnolence, shortness of breath, vomiting, or abdominal pain. Physical examination findings reveal positive facet loading in the lumbar spine with decreased strength in the right lower extremity. Diagnoses include lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, post laminectomy syndrome, and sciatica. The treatment plan includes prescriptions for the patient's medication and consideration for a lumbar epidural steroid injection. A progress report dated July 28, 2014 identifies subjective complaints of low back pain rated as 6/10. The patient continues to use Lidoderm, Celebrex, gabapentin, and baclofen which "seem to control her pain." The note indicates that she has shown no aberrant behavior and is independent with her own self-care, homemaking chores, exercise, walking, shopping, and a home exercise program. The note indicates that she takes Percocet infrequently using it only about 1 or 2 tablets per week. She states that the medications do not affect her driving skills and has no negative effects from the medication. She states that the quality of her life is satisfactory on the current medications and she would like to keep them the same. Eventually she would like to taper the medicines, and she uses as little as possible. Review of systems is positive for G.I. discomfort but no nausea, vomiting, diarrhea, or constipation. The

treatment plan recommends reducing OxyContin since the patient is taking less than prescribed, Percocet, Prevacid for G.I. discomfort, Lidoderm, Celebrex, baclofen, Gabitril, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the medication reduces the patient's pain. The provider has noted that the patient has no aberrant behavior and uses the medication as little as possible. Additionally, no side effects have been noted. However, there is a lack of clarity regarding any functional benefits provided by the medication. Additionally, guidelines recommend regular evaluation with documentation regarding analgesic efficacy, functional improvement, side effects, and discussion regarding aberrant use. A four-month prescription of the medication, as is being requested here, is not conducive to regular follow-up and evaluation, as recommended by guidelines. Additionally, the requesting provider indicates that the patient is using this medicine sparingly and trying to reduce the use of medicine as much as possible. A four-month prescription for Percocet is inconsistent with a goal of reducing the medication over time, and there is no provision for modification. In the absence of clarity regarding those issues, the currently requested Percocet is not medically necessary.

Lansoprazole 30mg #60 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear the patient has G.I. discomfort. However, it is unclear whether this is caused by medication or some other condition. A one-month prescription

of Lansoprazole may be reasonable to allow the requesting physician time to better document the underlying cause of this complaint, and try to treat the underlying issue. If the complaint is caused by medication, then an attempt should be made to lean and eliminate the offending medicine if possible. A 4-month prescription of this medication would not be recommended unless the physician has already undergone a thorough workup of this complaint and attempted to eliminate any medication which may be contributing to this issue. Unfortunately, this has not been documented here and there is no provision for modification. In light of the above issues, the currently requested Lansoprazole is not medically necessary.