

Case Number:	CM14-0210176		
Date Assigned:	12/23/2014	Date of Injury:	02/16/2010
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 patient is a 38 year-old female with date of injury 02/10/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/10/2014, lists subjective complaints as pain neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region. There were multiple trigger points and taut bands palpated throughout. Range of motion was restricted in all planes. Deep tendon reflexes were 2+ bilaterally for the upper extremities. Motor exam was normal. Sensation was decreased along the posterior lateral arm and lateral forearm on the right. Diagnosis: 1. cervical musculoligamentous injury with right upper extremity radiculopathy. 2. Right lower extremity complex regional pain syndrome. 3. Spinal cord stimulator placement, 2012. 4. Medication induced gastritis. 9. Frequent headaches, intermittently becoming migrainous. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Roxicodone 15mg, #120 SIG: QID2, Duragesic 50mcg, #15 SIG: Q 2 days3, Prilosec 20mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Roxycodone 15 mg, 120 count is not medically necessary.

Duragesic 50 mcg, fifteen count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Duragesic 50 mcg, fifteen count is not medically necessary.

Prilosec 20 mg, sixty count: 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), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no

documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20 mg, sixty count is not medically necessary.