

<b>Case Number:</b>	CM14-0210204		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53-year-old male injured worker suffered an industrial injury on 05/26/2010. The diagnoses were cervical thoracic and lumbar arthropathy. The diagnostics included right shoulder and lumbar spine magnetic resonance imaging. The injured worker had been treated with medications. On 11/18/2014, the treating provider reported bilateral neck pain, right scapular pain, bilateral thoracic pain, bilateral shoulder pain and bilateral low back pain. There was tenderness along the cervical spine, thoracic spine and lumbar spine. The bilateral shoulders had positive impingement signs and range of motion was restricted. The treatment plan included OxyContin, Prilosec, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 53 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 5/26/10. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not medically necessary.

**Prilosec 20mg, #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, and GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 53 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 5/26/10. He has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary.

**Colace 100mg, #60 with 4 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) Pain Chapter, Opioid-induced Constipation Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 53 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 5/26/10. He has been treated with physical therapy and medications. The current request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. Based on this lack of documentation, Colace is not medically necessary.

