

Case Number:	CM14-0213368		
Date Assigned:	12/31/2014	Date of Injury:	07/23/2003
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 64 year-old male with a date of injury of July 23, 2003. The patient's industrially related diagnoses include lumbar or lumbosacral disc degeneration, myalgia and myositis, osteoarthritis of the pelvic region and thigh, chronic pain syndrome, dysthymic disorder, lumbosacral spondylosis without myelopathy, and sleep disturbance. The disputed issues are Percocet 10/325mg #120 with 2 refills, Oxycodone 15mg #150 with two refills, Meloxicam 15mg #30 with two refills, Gabapentin 800mg #90 with 2 refills, Ranitidine 150mg #60 with 2 refills, MRI of the lumbar spine, and a consultation with a surgeon. A utilization review determination on 12/8/2014 had either partially certified or non-certified these requests. The stated rationale for the partial certification of Percocet was: "As the use of opiate requires regular follow up, the three month supply requested is not appropriate. The patient has been seen on a nearly monthly basis; therefore, a one-month supply of Percocet should be adequate to allow for routine follow up. Based on the discussion above, the requested prescription of Percocet 10/325mg #120 with 2 refills is modified and a prescription of Percocet 10/325mg #120 is certified and the remaining 2 refills of Percocet 10/325mg #120 are non-certified." The stated rationale for the partial certification of Oxycodone was: "The patient has expressed the desire to discontinue the use of Oxycodone in favor of Percocet. This reflects a decrease in overall opiate use, which is in the patient's benefit. Abrupt discontinuation of an opiate is not medically appropriate; therefore, a weaning regimen of Oxycodone should be implemented. Based on the discussion above, the requested prescription of Oxycodone 15mg #120 with 2 refills is modified and a prescription of Oxycodone 15mg #90 is certified and the remaining #30 tablets of

Oxycodone 15mg and the 2 refills requested are non-certified." The stated rationale for the partial certification of Meloxicam was: "Considering the benefit noted regarding pain relief, functional improvement and the nature of the patients condition, an additional one month prescription of Meloxicam is appropriate as the treating physician has requested follow up in 4 weeks." The stated rationale for the partial certification of Gabapentin was: "The patient appears to benefit from current medication regimen, which includes Gabapentin. He reports an appreciable degree of pain and symptom relief and is able to achieve a higher degree of function with the use of medications. There are no side effects associated with the recent use of Gabapentin and the patient is in the process of being tapered from the use of Oxycodone. Considering the benefit noted with the previous use of Gabapentin and the concomitant weaning process from Oxycodone, ongoing use of Gabapentin is appropriate. A one month supply is appropriate as the patient is set to follow up in 4 weeks." The stated rationale for the partial certification of Ranitidine was: "There are no current complaints of gastrointestinal disturbances; however, the patient's advanced age and chronic use of NSAIDs places them at higher risk for development of this side effect. Consider the above average risk this patient has for developing gastrointestinal complications from the ongoing use of Meloxicam, an additional one month prescription of PPI is appropriate as the provider has a follow up scheduled in 4 weeks." The stated rationale for the denial of the MRI was: "This patient appears stable on the current medication regimen and does not report symptoms radiating into the lower extremities or have signs consistent with neurological compromise. Also, it does not appear that there have been any recent physical methods of conservative care attempted for this injury. Considering the absence of signs and symptoms consistent with active lumbar radiculopathy, the limited conservative care that has been attempted, and the guidelines below, the requested MRI lumbar spine is non-certified." Lastly, the stated rationale for the denial of surgical referral was: "Considering the absence of clinical findings consistent with neurological compromise, the limited conservative care, and the fact that the patient does not meet the criteria necessary to proceed with surgical intervention, the requested surgical consultation is not medically appropriate. Based on the discussion above, the requested consultation with a surgeon is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325 mg # 120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: Regarding the request for Percocet 10/325mg (oxycodone/acetaminophen), Chronic 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 progress reports available for review, there is documentation that

the medication is improving the injured worker's function and pain with specific examples of functional improvement provided. Furthermore, there is documentation that the injured worker is not experiencing any side effects, and the discussion regarding aberrant use is thorough, with a random urine drug screen done on 12/4/2014. As such, there is a clear indication for ongoing use of the Percocet. However, Percocet is a Schedule II controlled medication and because of this classification, refills are not allowed. Since this request includes 2 refills, it is not appropriate. The independent medical review process cannot modify a request, and this original request for Percocet 10/325mg #120 with 2 refills is not medically necessary. The UR determination should be upheld.

One prescription of Oxycodone 15 mg # 150 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: Regarding the request for Oxycodone 15mg #120 with 2 refills, Chronic 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 progress reports available for review, there is documentation that the medication is improving the injured worker's function and pain with specific examples of functional improvement provided. Furthermore, there is documentation that the injured worker is not experiencing any side effects, and the discussion regarding aberrant use is thorough with a random urine drug screen done on 12/4/2014. In the progress report dated 11/26/2014, the injured worker was noted to be taking Oxycodone 15mg and in the following progress note dated 12/4/2014 he is changed to Percocet 10/325mg. Therefore there is no rationale as to why both prescriptions are being requested as the injured worker is being titrated from Oxycodone to Percocet. Furthermore, Oxycodone is a Schedule II controlled medication and because of this classification, refills are not allowed. Since this request includes 2 refills, it is not appropriate. The independent medical review process cannot modify a request, and this original request for Oxycodone 15mg #120 with 2 refills is not medically necessary.

One prescription of Meloxicam 15 mg # 30 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 67-72.

Decision rationale: Regarding the request for Meloxicam (Mobic), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest

period in patients with moderate to severe pain. Meloxicam is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the medical records available for review, there is documentation that the current medication, including Meloxicam, is providing specific analgesic benefits and functional improvement with the ability to perform activities of daily living. Additionally, there was documentation that the injured worker has a history of gastrointestinal reflux disease documented in a medical report dated 10/15/2011. Based on the documentation, the currently requested Mobic 15mg #30 with 2 refills is medically necessary.

One prescription of Gabapentin 800 mg # 90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the medical records available for review, the treating physician indicates this medication is used for chronic neuropathic pain and there is documentation of both pain relief and specific examples objective functional improvement. Additionally, there is documentation that the injured worker is not experiencing any side effects from this medication. In light of the documentation, the currently requested Gabapentin 800mg #90 with 2 refills is medically necessary.

One prescription of Ranitidine 150 mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 68-69.

Decision rationale: Regarding the request for ranitidine (Zantac), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. To determine if the patient is at risk for gastrointestinal events, the following criteria is used: (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 (e.g., NSAID + low-dose ASA). Although the referenced guidelines specify identifying these GI risk factors in the context of usage of PPI and misoprostol, the usage of these guidelines can be extrapolated to H2 receptor antagonists given the overlapping indications of this class of

medication for gastritis, dyspepsia, and gastrointestinal ulcers. Within the medical records available for review, there is no recent documentation that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Based on the guidelines, the injured worker does not meet the criteria for being at risk for gastrointestinal events with NSAID use. Furthermore, there is no documentation that the injured worker has any derived benefit from this medication. In light of the above issues and in the absence of documentation, the currently requested ranitidine 150mg #60 with 2 refills is not medically necessary.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for lumbar spine MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical records available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. The treating physician documented that the injured worker appears neurologically intact without apparent gross deficiencies. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence such documentation, the requested lumbar spine MRI is not medically necessary.

One consultation with a surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for referral to surgeon for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or

extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the medical records available for review, the treating physician documented that the injured worker continues to have low back pain and requested an MRI of the lumbar spine along with a surgical consult to make the injured worker aware of his options for long term pain relief. However, there were no physical findings supporting any neurological deficits, and the medical necessity for the MRI could not be established based on the lack of documentation. Furthermore, the injured worker was undergoing acupuncture at the time of the request, and there was no documentation of other failed conservative treatments. Based on the lack of documentation, medical necessity for surgical consult cannot be established at this time.