

Case Number:	CM14-0219012		
Date Assigned:	01/09/2015	Date of Injury:	07/30/2007
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 56 year old female, who sustained an industrial injury on 07/30/2007. She has chronic low back pain and numbness and tingling in the left foot. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, sacroiliitis, muscle spasm, lumbar facet joint pain, dysesthesia, and severe pain. She has a history of a left L4-5 laminotomy. According to the most recent lumbar spine MRI in 03/09/2013, there is a disc bulge at L3-4 with annular tear and facet hypertrophy. The scar tissue formation at L4-5 from the hemi laminectomy may have pushed on the left L5 nerve root. There is a component of spinal stenosis. Subjectively she complains of numbing and tingling on the left foot and pain in the rest of her left side. In the exam notes of 12/05/2014 the IW complains of neck pain, low back pain radiating to the left leg, and constipation. She reports her neck pain is stable and "livable". Treatment to date has included medication for chronic pain that includes Percocet, Amitza, Tramadol, and Trazadone. On 12/16/2014, the Utilization Review (UR) agency received a request for authorization (ROA) for Percocet 10/325mg by mouth every 4-6 hours not to exceed 5/day #150 and Prilosec 20mg once a day #30. On 12/24/2014 Utilization Review non-certified Percocet 10/325mg, noting the there was no documentation of conservative treatment prior to initiation of chronic opioid use, and there was no evidence of objective functional improvement supporting the subjective improvement. The IW is also prescribed with Tramadol and there is no rationale why two short-acting opioids are prescribed. The California Medical Treatment Utilization Schedule (CA MTUS) was cited. On 12/24/2014 Utilization Review non-certified a

prescription for Prilosec 20mg once a day , noting the absence of clinical indications that the IW was at risk for gastrointestinal complaints, nonsteroidal anti- inflammatory use, or clinical findings of gastrointestinal upset. Non- MTUS, ACOEM Guidelines of Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC) was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Percocet 10/325mg by mouth every 4-6 hours not to exceed 5/day #150 and, Prilosec 20mg once a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and low back pain radiating to left leg. The request is for PERCOCET 10/325 MG # 150. Based on the 10/09/14 progress report, patient's medications include Percocet, Amitizia, Tramadol and Trazodone. Percocet was included in patient's prescription per progress reports dated 08/06/14 and 10/09/14. Patient is retired. 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. In this case, treater has not discussed how Percocet decreases pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments to address analgesia. There are no UDS's or CURES reports addressing aberrant behavior. There are no specific examples of ADL's, or discussions pertaining to adverse effects, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI and cardiovascular risk factors Page(s): 69.

Decision rationale: The patient presents with complains of neck and low back pain radiating to the left leg. The request is for PRILOSEC 20 MG # 30. Based on the 10/09/14 progress report, patient's medications include Percocet, Amitizia, Tramadol and Trazodone. Prilosec was included in patient's prescription per progress reports dated 08/06/14 and 10/09/14. Patient is

retired.MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) is first noted in progress report dated 08/06/14. The report does not discuss the use of NSAIDs. The treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or an anticoagulants concurrently. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request for Prilosec 20 mg # 30 IS NOT medically necessary.