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| Case Number: | CM15-0114687 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 10/27/1975 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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 injured worker is a 62 year old male patient who sustained an industrial injury on 10/27/1995. On 05/27/2015 the patient reported subjective complaint of having chronic mid and lower back pains. He is status post radiofrequency neurotomy of medial branch nerves at Left C4-5, and C5-6 on 04/17/2015. He states that his severe left neck pain is 76% reduced and has much less frequent headaches; neck mobility has improved. The severe upper lumbar and lower thoracic pain persists and is associated with spasms. There is also recommendation to receive diagnostic injections to right L4-5, and L5-S1 facets along with weight loss program participation. Current medications are: Hydrocodone/APAP 30/325mg; Robaxin, Opana ER, and Gabapentin. At a follow up back on 02/19/2007 reported subjective complaint of having worsening hip pains described as an electrical sensation to the posterior lateral thigh right greater. He even states having numbness to bilateral feet. His neck is also sore. The treating diagnoses are: FLBSS/FCSS, and lumbar radiculitis. The plan of care noted the patient referred to pain management, physical therapy and refilling of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
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 Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. 180 Norco 10/325mg is not medically necessary.

60 Opana ER 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 113.

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. Opana is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opana can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 60 Opana ER 20mg is not medically necessary.

30 Omeprazole 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
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. 30 Omeprazole 40mg is not medically necessary.

1 random routine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. 1 random routine drug screen is not medically necessary.