

Case Number:	CM15-0140356		
Date Assigned:	09/01/2015	Date of Injury:	02/03/2010
Decision Date:	10/06/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 40-year-old male, who sustained an industrial injury on February 3, 2010, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease. Treatment included pain medications, proton pump inhibitor, topical analgesic patches, physical therapy, a surgical total disc arthroplasty in May 2012, and modified activities. Currently, the injured worker complained of persistent neck pain rated 9 out of 10 without medications and 6 out of 10 with pain medications. He noted numbness in the left fingers. He continued to have chronic intractable mid to lower back pain radiating into the lower extremities. The treatment plan that was requested for authorization included prescriptions for Percocet, Prilosec and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 06/17/15 progress report provided by treating physician, the patient presents with neck pain and numbness to left upper extremity rated 6/10 with and 9/10 without medications, and low back pain with stinging sensation to bilateral feet rated 6-8/10 with and 9/10 without medications. The patient is status post L5-S1 total disc arthroplasty in May 2012. The request is for PERCOCET 10/325MG #180. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes L5-S1 disc degeneration, L5-S1 annular tear, chronic back pain, depression, neck pain, and chronic intractable pain. Treatment included surgery, physical therapy, modified activities and medications. Patient's medications include Prilosec, Percocet, Oxycontin, Imitrex and Miralax. The patient is permanent and stationary. 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. Percocet has been included in patient's medications, per progress reports dated 02/06/15, 04/01/15, and 06/17/15. It is not known when this medication was initiated. Per 06/17/15 report, treater states "The patient has been approved for pain management care will continue with his current medications as he continues to have chronic intractable pain, continues to meet the four A's of pain management care, has pain contract on file and does provide random urine drug screens when requested and authorized which are consistent with his medications prescribed." UDS report dated 04/06/15 was provided, but no discussions on aberrant behavior. Treater has addressed analgesia, but has not discussed how Percocet significantly improves patient's activities of daily living with specific examples.

MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, treater has addressed some, but not all of the 4A's to warrant continued use of this medication. Furthermore, the patient is also prescribed Oxycontin. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given lack of adequate documentation, this request IS NOT medically necessary.

Prilosec 20mg #60: 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)- Treatment to Worker's Compensation, Online Edition 2015.

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

Decision rationale: Based on the 06/17/15 progress report provided by treating physician, the patient presents with neck pain and numbness to left upper extremity rated 6/10 with and 9/10 without medications, and low back pain with stinging sensation to bilateral feet rated 6-8/10 with and 9/10 without medications. The patient is status post L5-S1 total disc arthroplasty in May 2012. The request is for PRILOSEC 20MG #60. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes L5-S1 disc degeneration, L5-S1 annular tear, chronic back pain, depression, neck pain, and chronic intractable pain. Treatment included surgery, physical therapy, modified activities and medications. Patient's medications include Prilosec, Percocet, Oxycontin, Imitrex and Miralax. The patient is permanent and stationary.

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." Prilosec has been included in patient's medications, per progress reports dated 02/06/15, 04/01/15, and 06/17/15. It is not known when this medication was initiated. Per 06/17/15 report, treater states "The patient has been approved for pain management care. . . will continue with his current medications as he continues to have chronic intractable pain, continues to meet the four A's of pain management care, has pain contract on file and does provide random urine drug screens when requested and authorized which are consistent with his medications prescribed." In this case, the patient is not on oral NSAID therapy to warrant prophylactic use of PPI; and there is no mention of dyspepsia or any GI symptoms in provided medical records. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: Based on the 06/17/15 progress report provided by treating physician, the patient presents with neck pain and numbness to left upper extremity rated 6/10 with and 9/10 without medications, and low back pain with stinging sensation to bilateral feet rated 6-8/10 with and 9/10 without medications. The patient is status post L5-S1 total disc arthroplasty in May 2012. The request is for OXYCONTIN 80MG #90. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes L5-S1 disc degeneration, L5-S1 annular tear, chronic back pain, depression, neck pain, and chronic intractable pain. Treatment included surgery, physical therapy, modified activities and medications. Patient's medications include Prilosec, Percocet, Oxycontin, Imitrex and Miralax. The patient is permanent and stationary. 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. Oxycontin has been included in patient's medications, per progress reports dated 02/06/15, 04/01/15, and 06/17/15. It is not known when this medication was initiated. Per 06/17/15 report, treater states "The patient has been approved for pain management care. . . will continue with his current medications as he continues to have chronic intractable pain, continues to meet the four A's of pain management care, has pain contract on file and does provide random urine drug screens when requested and authorized which are consistent with his medications prescribed." UDS report dated 04/06/15 was provided, but no discussions on aberrant behavior. Treater has addressed analgesia, but has not discussed how Oxycontin significantly improves patient's activities of daily living with specific examples. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, treater has addressed some, but not all of the 4A's to warrant continued use of this medication. Furthermore, the patient is also prescribed Percocet. MTUS

does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given lack of adequate documentation, this request IS NOT medically necessary.