

Case Number:	CM15-0027760		
Date Assigned:	02/20/2015	Date of Injury:	08/06/2005
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 6/6/05, with subsequent ongoing low back and neck pain. Magnetic resonance imaging lumbar spine (2/14/08) showed very mild central spinal stenosis at L4-5 with disc bulge but no nerve root compression. Magnetic resonance imaging cervical spine (9/21/09) showed central spinal stenosis and bilateral neural foraminal stenosis with disc bulge and nerve encroachment on spinal cord and exiting nerve root. In a PR-2 dated 12/29/14, the injured worker complained of cervical spine pain 6-7/10 on the visual analog scale, lumbar spine pain 8/10 and headaches. The injured worker reported that he continued to take pain medication although it did not completely relieve the pain. physical exam was remarkable for cervical spine with slight to moderate muscle spasm or tightness, range of motion 70% of normal and positive Spurling's sign and lumbar spine with slight muscle spasm or tightness, tenderness to palpation with range of motion 60-80% of normal and negative straight leg raise. Current diagnoses included cervical spine pain, lumbar spine pain with strain and cervicogenic headaches. The treatment plan included magnetic resonance imaging of the lumbar spine and cervical spine, six sessions of chiropractic therapy and physical therapy and medications (Oxycontin, Naproxen Sodium and Omeprazole). On 1/20/15, Utilization Review noncertified a request for Naproxen Sodium: Strength: 500mg; Quantity: unspecified; 1 tablet twice a day as needed, Omeprazole: Strength: 20mg; Quantity: Unspecified; Refills: unspecified; 1-2 tablets daily; secondary to cervical and lumbar spine symptoms, as outpatient and 3 Oxycontin: Strength: 10mg, Quantity: unspecified, Refills unspecified; 2 tablets every morning

and one tablet every evening for pain control, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Oxycotin: Strength: 10mg, Quantity: unspecified, Refills unspecified; 2 tablets every morning and one tablet every evening for pain control: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long acting Opioid Page(s): 75, 78, 92, & 97 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for continued Oxycontin use is not medically necessary. The patient does not have all the 4 As of opioid monitoring documented. The patient continued with pain despite treatment. There was no documentation of improvement in function. Her urine drug screen was appropriate but because of lack of documentation of objective improvement in function, the risks of continuing oxycontin outweighs the benefits due to its high addiction potential. The request is considered not medically necessary at this time.

Naproxen Sodium: Strength: 500mg; Quantity: unspecified; 1 tablet twice a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 63 & 73 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The request for Naprosyn is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. There was no documented improvement in functional capacity. Therefore, the request is considered not medically necessary.

Omeprazole: Strength: 20mg; Quantity: Unspecified; Refills: unspecified; 1-2 tablets daily; secondary to cervical and lumbar spine symptoms, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protein pump inhibitors Page(s): 68 of 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, <NSAIDs, GI risk>.

Decision rationale: The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. The request for Naproxen is not certified at this time. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.