

Case Number:	CM15-0066822		
Date Assigned:	05/14/2015	Date of Injury:	04/25/2011
Decision Date:	06/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on April 25, 2011. He reported low back pain radiating to the fronts of bilateral lower extremities and left knee pain. The injured worker was diagnosed as having status post knee surgery and surgical aftercare of the musculoskeletal system. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left knee multiple times, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to the fronts of bilateral lower extremities and left knee pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported walking with a cane and constant severe pain. Evaluation on July 25, 2013, revealed continued low back pain, left knee pain, sleep disruptions, bilateral hip pain and bilateral lower extremity pain. Evaluation on January 21, 2015, revealed continued, excruciating pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 15mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are knee/lower leg pain; lumbar spondylosis; unspecified internal derangement knee; radiculopathy lumbosacral. The documentation shows the injured worker was taking Percocet as far back as September 30, 2013. According to an August 25, 2014 progress note the injured worker was taking multiple opiates. The list of opiates includes Percocet, oxycodone, OxyContin and Norco. On September 22nd 2014, Diclofenac 100mg was changed to ibuprofen 600 mg. The current list of opiates were not documented on that progress note. According to the March 2, 2015 progress note Prilosec 20mg was added. The documentation states Norco and Percocet were to be stopped and the Oxycodone increased. Prilosec was being prescribed for stomach protection because of long-term nonsteroidal anti-inflammatory use. Subjectively, according to the March 2, 2015 progress note, the injured worker has complaints of pain in the high back of the left testicle, and knee area. He has difficulty with activities of daily living such as walking and standing. The injured worker is very depressed. He has difficulty finding a pharmacy that has Percocet. Objectively, the injured worker has tenderness over the paraspinal muscle groups lumbar spine L3 - S1 region and the gate is antalgic. Motor strength is grossly normal. Documentation does not contain a VAS pain scale. The injured worker has been on Percocet (oxycodone plus acetaminophen) as far back as September 30, 2013. The worker has been on oxycodone as far back as August 25, 2014. There is no documentation indicating objective functional improvement with ongoing oxycodone. There is no objective functional improvement with multiple opiate use. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing use of oxycodone 15 mg, risk assessments, detailed pain assessments and attempts at weaning, Oxycodone 15mg # 120 is not medically necessary.

IBUPROFEN 600MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 600 mg #90 with 3 refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are knee/lower leg pain; lumbar spondylosis; unspecified internal derangement knee; radiculopathy lumbosacral. The documentation shows the injured worker was taking Percocet as far back as September 30, 2013. According to an August 25, 2014 progress note the injured worker was taking multiple opiates. The list of opiates includes Percocet, oxycodone, OxyContin and Norco. On September 22nd 2014, Diclofenac 100mg was changed to ibuprofen 600 mg. The current list of opiates were not documented on that progress note. According to the March 2, 2015 progress note Prilosec 20mg was added. The documentation states Norco and Percocet were to be stopped and the Oxycodone increased. Prilosec was being prescribed for stomach protection because of long-term nonsteroidal anti-inflammatory use. Subjectively, according to the March 2, 2015 progress note, the injured worker has complaints of pain in the high back of the left testicle, and knee area. He has difficulty with activities of daily living such as walking and standing. The injured worker is very depressed. He has difficulty finding a pharmacy that has Percocet. Objectively, the injured worker has tenderness over the paraspinal muscle groups lumbar spine L3 - S1 region and the gate is antalgic. Motor strength is grossly normal. Documentation does not contain a VAS pain scale. The injured worker was using nonsteroidal anti-inflammatory drugs as far back as September 30, 2013 (diclofenac 100 mg). The documentation does not contain evidence of objective functional improvement. Additionally, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt to wean nonsteroidal anti-inflammatory drugs. Diclofenac was changed to ibuprofen 600 mg on September 22, 2014. There was no clinical rationale for the change from one anti-inflammatory to another. There is no evidence to recommend one from in this class over another based on efficacy. Additionally, three refills are not clinically indicated. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of ibuprofen 600 mg, an attempt to wean nonsteroidal anti-inflammatory drugs according to the recommended guidelines (lowest dose for the shortest period), Ibuprofen 600 mg #90 with 3 refills is not medically necessary.

PRILOSEC 20MG # 30 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg #30 with 4 refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are knee/lower leg pain; lumbar spondylosis; unspecified internal derangement knee; radiculopathy lumbosacral. The documentation shows the injured worker was taking Percocet as far back as September 30, 2013. According to an August 25, 2014 progress note the injured worker was taking multiple opiates. The list of opiates includes Percocet, oxycodone, OxyContin and Norco. On September 22nd 2014, Diclofenac 100mg was changed to ibuprofen 600 mg. The current list of opiates were not documented on that progress note. According to the March 2, 2015 progress note Prilosec 20mg was added. The documentation states Norco and Percocet were to be stopped and the Oxycodone increased. Prilosec was being prescribed for stomach protection because of long-term nonsteroidal anti-inflammatory use. Subjectively, according to the March 2, 2015 progress note, the injured worker has complaints of pain in the high back of the left testicle, and knee area. He has difficulty with activities of daily living such as walking and standing. The injured worker is very depressed. He has difficulty finding a pharmacy that has Percocet. Objectively, the injured worker has tenderness over the paraspinal muscle groups lumbar spine L3 - S1 region and the gate is antalgic. Motor strength is grossly normal. Documentation does not contain a VAS pain scale. The injured worker was using nonsteroidal anti-inflammatory drugs as far back as September 30, 2013 (diclofenac 100 mg). The documentation does not contain evidence of objective functional improvement. Additionally, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt to wean nonsteroidal anti-inflammatory drugs. Diclofenac was changed to ibuprofen 600 mg of September 22, 2014. There was no clinical rationale for the change from one anti-inflammatory to another. There is no evidence to recommend one drug in this class over another based on efficacy. Prilosec was started on March 2, 2015. Prilosec was started because of the long-term use of nonsteroidal anti-inflammatory drugs. There are no comorbid conditions or risk factors relating to gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation with a clinical indication or rationale for proton pump inhibitors, comorbid conditions or risk factors, Prilosec 20mg #30 with 4 refills is not medically necessary.