

Case Number:	CM15-0067248		
Date Assigned:	04/14/2015	Date of Injury:	07/17/2006
Decision Date:	05/15/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2015

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: Arizona, California
 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 07/17/2006. He has reported subsequent back pain and was diagnosed with lumbar discogenic disease at L5-S1 with spondylolisthesis and disk narrowing at L3-L4 and L4-L5. Treatment to date has included oral pain medication, aqua therapy, physical therapy and injection therapy. In a progress note dated 02/11/2015, the injured worker complained of low back pain. Objective findings were notable for bilateral spasm of the latissimus dorsi, decreased range of motion of the lumbar spine and positive leg lift on the right at 30 degrees and on the left at 45 degrees. Gastrointestinal examination findings were noted to reveal no difficulty with heartburn, nausea or vomiting. A request for authorization of Omeprazole and Oxycodone was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Oxycodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone); Opioids, criteria for use; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for a year. There were no consistent VAS scores documented. There was no mention of Tylenol failure or weaning attempt. The claimant required other interventions while on Oxycodone to control pain. The continued use of Oxycodone is not medically necessary.