

Case Number:	CM15-0074608		
Date Assigned:	04/24/2015	Date of Injury:	07/02/1999
Decision Date:	05/27/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 61-year-old male who sustained an industrial injury on 7/2/99. The diagnoses have included lumbar degenerative joint disease (DJD), depression and insomnia. Treatment to date has included medications, surgery including failed spinal lumbar fusion, physical therapy, conservative measures, home exercise program (HEP), and activity modifications. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine and computerized axial tomography (CT scan) myelogram of the lumbar spine. The current medications included Oxycontin, Oxycodone, Zantac, Dexilant, Omeprazole, Ibuprofen, and Trazadone. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of stabbing back pain with spasm that radiates to both legs with a burning sensation. He was not working at the time of the exam. He reported a 50 percent reduction in pain and functional improvement with activities of daily living (ADL) with taking his medications. The pain was unchanged from previous visit with being rated 8/10 on pain scale, at best 5/10 with medications and 10/10 without medications. The physical exam revealed that the back had muscle spasm in the lumbar trunk, decreased lumbar range of motion, positive bilateral straight leg raise causing right-sided back pain, sensory loss to light touch/pinprick in the right calf and bottom of foot and toes are down going to plantar reflex bilaterally. The physician requested treatments included Oxycontin 80mg #60 and Zantac 150mg, #60. The medical records note that per an April 16, 2014 report, the injured worker had never tried amitriptyline, nortriptyline, and was not sure if he had tried gabapentin. It was noted

that he had not responded to Lyrica. On April 16, 2014, Gabapentin and Cymbalta were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing; Opioids, specific drug list; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the morphine equivalent dose of the current opioids exceeds 120. In addition, per the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. In this case, despite high ongoing opioid levels, the injured worker continues to complain of significantly high pain levels and there is significant improvement in function. Additionally, the medical records do not establish the injured worker has failed adjuvants for the treatment of chronic neuropathic pain. The medical records note that per an April 16, 2014 report, the injured worker had never tried amitriptyline, nortriptyline, and was not sure if he had tried gabapentin. It was noted that he had not responded to Lyrica. On April 16, 2014, Gabapentin and Cymbalta were prescribed. The medical records thereafter do not establish if the injured worker tried Gabapentin or Cymbalta, and if so, the results. The medical records also do not establish trial of tricyclic antidepressants such as amitriptyline and nortriptyline. The medical records also indicate that multiple prior Utilization Review reports have allowed for modification to wean the opioids. For these reasons, the request for Oxycontin 80mg, #60 is not supported. The request for Oxycontin 80mg, #60 is not medically necessary and appropriate.

Zantac 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/zantac.html>.

Decision rationale: The medical records note gastrointestinal complaints with the use of medications. Zantac (ranitidine) is histamine-2 blockers, which reduces the amount of acid produced by the stomach. The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. Proton pump inhibitors (PPI) are a class of medications that reduce gastric acid secretion. In this case, the injured worker

is being prescribed a proton pump inhibitor in addition to a histamine-2 blocker. The request for a proton pump inhibitor has been certified. The medical records do not establish the medical necessity of another medication for gastric acid suppression. The request for Zantac 150mg, #60 is not medically necessary and appropriate.