MAXIMUS Federal Services

Case Number:	CM15-0091427		
Date Assigned:	05/18/2015	Date of Injury:	10/12/1997
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 52-year-old male, with a reported date of injury of 10/12/1997. The diagnoses include low back pain, lumbar herniated nucleus pulposus, lumbar spondylolisthesis without myelopathy, and lumbar spine post-laminectomy syndrome, symptomatic posterior lumbar hardware, thoracic/lumbosacral neuritis or radiculitis, lumbosacral radiculopathy, and chronic pain due to trauma. Treatments to date have included anterior lumbar discectomy with interbody fusion on 05/29/2012; x-rays of the lumbar spine; oral medications; bilateral L3 and L4 posterior hardware injections with accompanying nerve blocks on 01/29/2013; lumbar hardware removal on 11/05/2013; a computerized tomography (CT) scan of the lumbar spine on 07/05/2013; acupuncture; and caudal epidural steroid injection on 07/14/2014.The medical report dated 04/22/2015 indicates that the injured worker complained of low back pain, gluteal pain, leg pain, and thigh pain. The pain radiated to the bilateral ankles, bilateral calves, bilateral feet, and bilateral thighs. He rated his pain 9 out of 10 without medications and 7 out of 10 with medications. It was noted that in the last month, on average, the injured worker rated the intensity of his pain 8 out of 10. It was also noted that the in the last month, the injured worker reported that he was unable to carry on any daily activities due to pain. The physical examination showed tenderness of the lumbar spine, moderate pain with range of motion of the lumbar spine, and no swelling in the extremities. The treating physician requested Kadian 60mg #60 and Nexium 40mg #30 with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60 mg #60: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Kadian 60 mg #60 is not medically necessary and appropriate.

Nexium 40 mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nexium Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Nexium medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Nexium namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any GI diagnosis or clinical findings to warrant this medication. The Nexium 40 mg #30 with 4 refills is not medically necessary and appropriate.