

Case Number:	CM15-0094299		
Date Assigned:	05/20/2015	Date of Injury:	10/09/2012
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Emergency 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 53-year-old male, who sustained an industrial injury on October 9, 2012. He reported his leg being caught under a trailer, dragged for approximately twenty feet, with injury to his back and knees. The injured worker was diagnosed as having lumbar degenerative disc disease with intractable low back pain secondary to industrial injury, left knee degenerative joint disease with effusion and decreased range of motion (ROM) secondary to industrial injury, worsening depression secondary to chronic pain sequelae to industrial injury, insomnia secondary to chronic pain, situational stress due to financial factors, lack of coverage by worker's comp carrier, and diabetes. Treatment to date has included physical therapy, MRI, bracing, corticosteroid injection, and medication. Currently, the injured worker complains of chronic intractable low back pain and left lower extremity pain and weakness. The Treating Physician's report dated April 27, 2015, noted the injured worker reported feeling the same. The injured worker was noted to use a cane for ambulation, reporting that without his pain medication he would be unable to do his activities of daily living or drive, and would be completely dependent and homebound. Physical examination was noted to show the injured worker's pain level an 8/10, appearing very depressed, angry, and labile. The injured worker was noted to continue to be very depressed from chronic pain and financial problems related to his industrial injuries, on a very conservative amount of medication in order to maintain his basic level of function. The Physician noted that without appropriate psychiatric care, physical activity, and pain medication, the injured worker's functional status would most likely remain the same. The treatment plan was

noted to include refilled medications including Oxycodone and Protonix, re-request for psychiatric evaluation, sedation precautions, and follow-up for diabetes management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Protonix 40mg #30 with 3 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has chronic intractable low back pain and left lower extremity pain and weakness. The Treating Physician's report dated April 27, 2015, noted the injured worker reported feeling the same. The injured worker was noted to use a cane for ambulation, reporting that without his pain medication he would be unable to do his activities of daily living or drive, and would be completely dependent and homebound. Physical examination was noted to show the injured worker's pain level an 8/10, appearing very depressed, angry, and labile. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met Protonix 40mg #30 with 3 refills, is not medically necessary.

Oxycodone 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycodone 20mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic

intractable low back pain and left lower extremity pain and weakness. The Treating Physician's report dated April 27, 2015, noted the injured worker reported feeling the same. The injured worker was noted to use a cane for ambulation, reporting that without his pain medication he would be unable to do his activities of daily living or drive, and would be completely dependent and homebound. Physical examination was noted to show the injured worker's pain level an 8/10, appearing very depressed, angry, and labile. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met Oxycodone 20mg #90 is not medically necessary.