

<b>Case Number:</b>	CM15-0095979		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 47 year old female who reported an industrial injury on 4/3/2013. Her diagnoses, and/or impressions, are noted to include: probable lumbar disc protrusion and lumbar radiculopathy, per x-ray studies. No current imaging or electrodiagnostic studies are noted. Her treatments have included physical therapy; epidural steroid injection therapy; psychological evaluation; medication management and rest from work. The progress notes of 4/20/2015 reported pain in her neck, left arm, left shoulder, lower back, tail bone, left leg, and upper-mid back. She described her low back pain as constant, severe, and radiating down into left lower extremity/toes, associated with numbness/tingling/stabbing and with weakness. The objective findings were noted to include that she was tearful; with a marked limp favoring the left leg, without antalgic position involving the lumbar spine; difficulty with heel-to-toe walking due to pain and not weakness; tenderness in the lumbar para-vertebral musculature; and limited range of motion to the lumbar spine. The physician's requests for treatments were noted to include Percocet and Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet (Oxycodone/Acetaminophen) 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**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, Percocet (Oxycodone/acetaminophen) 10/325mg # 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 sacroiliitis; pain in joint pelvic region and thigh; degenerative lumbar/lumbosacral intervertebral disc. The documentation shows the injured worker was placed on Norco 10/325 mg, progressed to Oxycodone 5 mg, and presently (as of December 19, 2014) is on Oxycodone 10/325 mg. An April 7, 2015 progress note states the injured worker failed Percocet 5/325 mg. The injured worker has ongoing neck and low back complaints. Without medication the VAS pain score is 9-10/10. The VAS pain score with medication is 9/10. The most recent progress note dated May 5, 2015 (request for authorization May 8, 2015) shows the injured worker complained of a VAS pain score of 8/10. The current medications include Percocet 10/325 mg, Omeprazole 20 mg and Dexlansoprazole. The injured worker, despite progressive increases in opiate usage, continues to have ongoing pain with static, elevated the VAS scores of 8-10/10. There is no documentation demonstrating objective functional improvement. There are no risk assessments and no detailed pain assessments in the medical record. There has been no attempt at weaning of Percocet in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments in detail pain assessments with documentation of attempted weaning, Percocet (Oxycodone/acetaminophen) 10/325mg # 120 is not medically necessary.

**Dexilant (Dexlansoprazole) 60mg #20:** Upheld

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

**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, Dexilant (Dexlansoprazole) 60mg #20 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 sacroiliitis; pain in joint pelvic region and thigh; degenerative lumbar/lumbosacral intervertebral disc. The documentation shows the injured worker was placed on Norco 10/325 mg, progressed to Oxycodone 5 mg, and presently (as of December 19, 2014) is on Oxycodone 10/325 mg. An April 7, 2015 progress note states the injured worker failed Percocet 5/325 mg. The injured worker has ongoing neck and low back complaints. Without medication the VAS pain score is 9-10/10. The VAS pain score with medication is 9/10. The most recent progress note dated May 5, 2015 (request for authorization May 8, 2015) shows the injured worker complained of a VAS pain score of 8/10. The current medications include Percocet 10/325 mg, Omeprazole 20 mg and Dexlansoprazole. The documentation shows Omeprazole 20 mg and Dexlansoproazole are prescribed concurrently. The worker was on Omeprazole as far back as April 2014. There is no clinical indication or rationale for adding a second proton pump inhibitor or changing Omeprazole to a second proton pump inhibitor, dexlansoprazole. Consequently, absent clinical documentation with a clinical indication and rationale for changing one proton pump inhibitor (omeprazole) to a second proton pump inhibitor (dexlansoprazole) in the absence of risk factors/comorbid conditions for gastrointestinal events, Dexilant (Dexlansoprazole) 60mg #20 is not medically necessary.