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| Case Number: | CM15-0098071 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 12/24/2007 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old male who sustained an industrial injury on 12/24/2007. Mechanism of injury was a slip and fall. Diagnoses include history of disc herniation at L5-S1 and L4-L5 with ongoing radicular symptoms, history of right knee arthroscopy with chronic knee pain with degenerative joint disease, right ankle strain/sprain, neck and shoulder girdle pain-not related to this case, and nonindustrial medial problems including hyperlipidemia, diabetes and seasonal allergy symptoms. Treatments to date have included medications, epidural steroid injections and status post right knee arthroscopy. Medications include Tramadol for pain, Mobic for inflammation and Nexium for dyspepsia from NSAIDs use, Colace for constipation from narcotic use and Neurontin for neuropathic pain. A physician progress note dated 04/14/2015 documents the injured worker complains of worsening pain in his back. The pain continues to shoot down his right leg with weakness. He feels off balance at times and feels like he is going to fall. He reports pain in his right knee with instability. He also has pain in his right ankle and right shoulder. He requested an epidural steroid injection as he has had prior injections and they have been very helpful in managing his back pain. With the use of his medications, he gets 50% reduction in pain and functional improvement with activities of daily living. He has limited range of motion in the back and palpation reveals muscle spasm in the lumbar trunk. There is short leg discrepancy by ¼ inch in the left leg lower extremity by comparison to the right. There is crepitus on passive range of flexion to extension in the right knee. Patellar compression is painful. Left knee reveals point tenderness in the medial condylar knee. Right ankle reveals no gross laxity with stress testing. His right shoulder reveals mild crepitus on circumduction with mildly positive impingement sign. Neck range of motion is mildly limited in

all planes. The treatment plan includes medication refills, back exercise were reviewed, a reevaluation to see if he would be a candidate to try another epidural injection, and if there was no adequate relief a neurosurgery consult will be requested. Treatment requested is for Colace 100mg #60, and Nexium 40mg #30. The medications listed are Neurontin, Nexium, Colace, Tramadol and Mobic. The UDS was noted to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis against opioid induced constipation can be instituted at initiation of chronic opioid treatment and continued during the opioid treatment. The chronic use of opioids can be associated with gastrointestinal hypomotility constipation and fecal impaction. The records indicate that the patient is utilizing Tramadol for the treatment of chronic musculoskeletal pain. The criteria for the use of Colace 100mg #60 was met and is medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastrointestinal complications in the elderly and patient with significant history of gastrointestinal disease. The records did not show that the 54 year old had a significant gastrointestinal disease or a history of NSAIDs induced gastritis. The criteria for the use of Nexium 40mg #60 were not medically necessary.