

<b>Case Number:</b>	CM13-0014337		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	10/09/1995
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who reported an injury on October 09, 1995. The mechanism of injury involved a fall. The patient is currently diagnosed with postlaminectomy syndrome, cervicgia, chronic pain syndrome, brachial neuritis or radiculitis, degenerative lumbar or lumbosacral intervertebral disc, pain in a joint of the shoulder region, other unspecified disorder of the rotator cuff, degeneration of the thoracic and thoracolumbar intervertebral discs, pain in the thoracic spine and osteoarthritis (unspecified). The patient was seen by [REDACTED] on September 11, 2013. The patient reported chronic, severe left neck pain, right neck pain and central neck pain with numbness, weakness and loss of sensation into the bilateral upper and lower extremities. The patient reported a 6/10 with the current medication regimen. Physical examination on that date revealed slightly diminished cervical and lumbar range of motion, tenderness to palpation and a positive straight leg raise bilaterally. Treatment recommendations included the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF OXYCODONE HCL 30MG, #140:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has utilized oxycodone hydrochloride 30 mg since at least 04/2013. Despite ongoing use, the patient continues to report persistent pain. A satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**PRESCRIPTION OF OXYCONTIN 20MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has utilized oxycodone hydrochloride 30 mg since at least 04/2013. Despite ongoing use, the patient continues to report persistent pain. A satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**PRESCRIPTION OF TOPIRAMATE 100MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** The California MTUS Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. Topamax is considered for use for neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the patient has utilized Topamax 100mg since at least April 2013. It is noted that the patient utilizes Topamax every 12 hours on an as needed basis for headache prophylaxis. However, there are no guideline recommendations for the use of Topamax as prophylactic treatment for headaches. Additionally, there is no evidence of a satisfactory response to treatment. There is also no evidence of a failure to respond to first-line antiepilepsy medication. Therefore, the ongoing use cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

**PRESCRIPTION OF OMEPRAZOLE 20MG, #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 Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet the criteria for the requested medication. As such, the request is non-certified.