

<b>Case Number:</b>	CM13-0031253		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 physician 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 47 year old woman who sustained a work-related injury on March 22, 2002. She subsequently developed neck, shoulder and back pain. The patient has a history of cervical and lumbar spinal fusion. According to the note dated March 21, 2013, the patient's current level of pain was 4/10 in her neck and shoulder. She has 4-5/10 pain in her back. Her physical examination showed neck pain aggravated by rotation. According to the note dated December 19, 2013, the patient continued to complain of neck pain. Her physical examination demonstrated reduced range of motion of the cervical spine, and her MRI of the cervical spine showed cervical disc degeneration. She was diagnosed with chronic neck pain, chronic shoulder pain, status post cervical and lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Oxycontin 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

**Decision rationale:** Oxycontin is a long-acting, potent form of opiate analgesic. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (1) All prescriptions should come from a single physician, and a single pharmacy; (2) The lowest effective dose should be prescribed; and (3) The physician should conduct and document an ongoing review of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, average pain, intensity of pain on the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for ongoing monitoring should also be noted. These include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of opioids. There is no clear justification for long term use of the need to continue the use of Oxycontin. Therefore, the requested medication is not medically necessary at this time

**request for eight sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, acupuncture may be used when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation or surgical intervention to hasten recovery. The timeframe to produce functional improvement is 3-6 sessions 1-3 times a week for 1-2 months. If functional improvement is documented, sessions may be extended. There is no documentation of functional improvement with previous acupuncture treatment. Therefore, additional acupuncture is not medically necessary.

**request for Colace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. First line measures include increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore, the requested medication is not medically necessary

**request for Soma:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. The efficacy appears to diminish over time, and prolonged use may cause dependence. The patient in this case does not have recent evidence of spasm, so the prolonged use of Soma is not justified. The requested medication is not medically necessary.

**request for Prilosec:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Omeprazole (Prilosec) is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. Risk factors for GI events include (1) being over the age of 65; (2) a history of peptic ulcers, GI bleeding, or perforation; (3) the concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high doses of NSAIDs, or multiple NSAIDs. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the requested medication is not medically necessary.

**The request for a random urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78, 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. There is no evidence that the patient is taking or abusing illicit drugs, or is misusing prescribed drugs. There is a need for more information to justify urine drug screen. Therefore, the request is not medically necessary.