

<b>Case Number:</b>	CM13-0033087		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesiology has a subspecialty in Acupuncture and Pain Management, 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:

This is a 58 year-old female injured worker with an injury date 1/12/2008 diagnosed with spondylolisthesis, lower left extremity radiculopathy, spondylosis, and sacroiliitis. Patient is status post L4-5 lumbar fusion, lumbar revision hardware removal, L5-S1 fusion. MRI dated 4/30/13 shows a transitional vertebra, multiple disc bulges and hypertrophy of ligamentum flavum. The injured worker is refractory to acupuncture, physical therapy, and medications. The date of UR determination was 9/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80,88.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit. Additionally, the guidelines advocate the use of the "4 A's" for monitoring individuals on this type of medication. This would include analgesia, adverse side

effects, aberrant drug taking behavior and activities of daily living. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) and assure safe usage are also needed. The current medication regimen is producing failing results in the domains of analgesia and activities of daily living. Per [REDACTED] office note dated 9/18/13 the patient has been in fact finding it increasingly difficult to complete simple chores and activities of daily living, furthermore she reported pain level 8/10 while medicated. It appears the injured worker does not experience sufficient analgesia to meet medical necessity in regards to opiates. Based on the available records the request is not medically necessary.

**Percocet 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80,88.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit. Additionally, the guidelines advocate the use of the "4 A's" for monitoring individuals on this type of medication. This would include analgesia, adverse side effects, aberrant drug taking behavior and activities of daily living. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) and assure safe usage are also needed. The current medication regimen is producing failing results in the domains of analgesia and activities of daily living. Per [REDACTED] office note dated 9/18/13 the patient has been in fact finding it increasingly difficult to complete simple chores and activities of daily living, furthermore she reported pain level 8/10 while medicated. It appears the injured worker does not experience sufficient analgesia to meet medical necessity in regards to opiates. Based on the available records the request is not medically necessary.

**Dexilant 60mg, #30 with three (3) refills:** Overturned

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors for patients taking NSAID's with documented risk factors. I would respectfully disagree with the UR physician who noted that there is no documentation for GI distress symptoms and/or GI risk factors. Per [REDACTED] office note dated 9/18/13, the patient is currently being treated with naproxen, had a history of GERD, and complains of heartburn. These criteria demonstrate the medical necessity of this request.

