

<b>Case Number:</b>	CM13-0039644		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old female who reported a work related injury on 12/23/2009. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical spondylosis at C4-5, C5-6, and C6-7 with radiculopathy to the upper extremities; degenerative disc disease at the thoracic spine of the mid to lower thoracic area, multilevel degenerative disc disease of the lumbosacral spine with primarily axial back pain. The injured worker's past treatment has included medication management and epidural steroid injections. Diagnostic studies include an MRI of lumbar spine which revealed straightening of the normal spinal lordosis and 2 to 3 mm disc protrusions at L4-5 and L5-S1 with associated facet arthropathy and disc desiccation on 04/10/2012) and an MRI of the cervical spine on 05/29/2012; states 2 mm disc bulge at C4-5, C5-6, and C6-7 with associated facet hypertrophy and bilateral neural foraminal stenosis. There is also a 2 mm disc bulge at T2 to T3 with right sided uncinat process hypertrophy. The injured worker's surgical history consists of a left rotator cuff tear repair on an unspecified date. Upon examination on 09/12/2013, the injured worker complained of neck pain, headaches, radiating pain to the left arm, back pain, and pain radiating to both legs. Upon physical examination, it was noted that the injured worker's posterior cervical musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, medial scapular regions, and bilateral occipital regions. The injured worker's prescribed medications include Norco, Topamax, Wellbutrin, Duragesic, Percocet, and Prilosec. The injured worker's treatment plan consisted discography and/or spinal fusion, lumbar provocative discogram, Norco, Topamax, Wellbutrin, Duragesic, Percocet, and 4 trigger point injections. The rationale for Prilosec was not provided and the rationale for Percocet was breakthrough pain. A Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg:** Upheld

**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 request for Prilosec is not medically necessary. California MTUS Guidelines state that proton pump inhibitors may be recommended for injured workers who are taking NSAIDs and are at increased risk for gastrointestinal complications or those with complaints of dyspepsia related to NSAID use. In the documentation provided for review, there was no evidence the injured worker was prescribed NSAIDs. Additionally, there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There is a lack of documentation of ongoing gastrointestinal complaints with non-steroidal anti-inflammatory drug use to support the use of Prilosec. Additionally, the frequency was not noted within the request. As such, the request is not medically necessary.

**Percocet 10/325mg, #60:** 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): 78.

**Decision rationale:** The request for Percocet is not medically necessary. The California MTUS recommends ongoing review and documentation pain relief, functional status, appropriate medication use, and side effects. Upon pain assessment, current pain, the least reported pain over the period since the last assessment, average pain and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts should be included. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of functioning, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of the controlled drugs. The injured worker's most recent clinical note was dated 09/12/2013. The documentation does not provide up to date clinical information that contains evidence of significant measureable subjective information of functional improvement as a result of continued opioid use. As a result of the span of time that has passed since the injured worker's previous clinical examination, the necessity for Percocet cannot warranted. To determine whether Percocet is medically necessary an up to date clinical examination has to provided for review. Additionally, there is a lack of documentation indicating that the injured worker has

increased ability to continue activities of daily living with the use of Percocet. Furthermore, there is a lack of documentation indicating the adverse effects of the medication and if the injured worker's drug related behaviors has been addressed. Therefore, the request for Percocet is not medically necessary.