

<b>Case Number:</b>	CM13-0051413		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Internal 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 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 48-year-old male who reported an injury on 10/11/2011. The mechanism of injury was noted to be the patient was moving a sauce pan from a table to place it on a grill when he slipped on a greasy floor. The patient's medication history included opiates, PPIs, and antidepressants for greater than 6 months. The documentation of 11/04/2013 revealed there was request for medication refills and a drug urinalysis. The patient's diagnosis included sprains and strains of the neck and sprains and strains of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 URINE ANALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend urine drug screen for patients with documented issues of abuse, addiction, or poor pain control. There was lack of documentation indicating the patient had issues of abuse, addiction or poor pain control. Given the above, the request for 1 urinalysis is not medically necessary and appropriate.

**30 VENLAFLAXINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. The patient was noted to be on the medication for greater than 6 months. There was lack of documentation of an objective decrease in pain and an objective increase in function. Given the above, the request for 30 Venlafaxine is not medically necessary and appropriate.

**60 PRILOSEC: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical document submitted for review indicated the patient had been on the medication for greater than 6 months. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the strength of the medication being requested. Given the above, the request for 60 Prilosec is not medically necessary and appropriate.

**1 RX NORCO 5/500MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Medications for Chronic pain and the section on Opioids Page(s): 60, 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and objective decrease in pain and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 6 months. There was lack of documentation of the above criteria. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 Rx Norco 5/500 mg is not medically necessary.

