

<b>Case Number:</b>	CM13-0051524		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/12/2006
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/02/2013
<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 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 Pain Management 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 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 56-year-old female who reported an injury on 08/12/2006. The mechanism of injury was not provided for review. The patient ultimately underwent 2 level fusions at the C4-5 and C5-6 in 12/2007. The patient developed chronic cervical spine pain radiating into the bilateral upper extremities. This pain was managed conservatively with medications. The patient's medication schedule included Oxycodone, Norco, Topamax, Prilosec, Ambien, Lyrica, Cymbalta, and Dendracin. The patient was monitored for aberrant behavior with urine drug screens. The patient underwent a cervical epidural steroid injection in 06/2013 that provided 70% to 80% pain relief. The patient's clinical examination findings on 09/11/2013 revealed tenderness to palpation and muscle spasming in the cervical and lumbar paraspinal musculature with restricted range of motion secondary to pain in the lumbar and cervical spine. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for Oxycontin 30 mg #90 with a date of service of 9/11/2013: Upheld**

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

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

**Decision rationale:** The retrospective request for OxyContin 30 mg #90 date of service 09/11/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of a quantitative assessment of pain relief, documentation of functional benefit, managed side effects and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. However, there is no documentation of a quantitative assessment of the patient's pain relief related to medication usage. Additionally, there is no documentation of functional benefit related to medication usage. Therefore continued use of this medication would not be supported by guideline recommendations.

**retrospective request for Norco 10/325 mg #120 with a date of service of 9/11/2013:** Upheld

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

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

**Decision rationale:** The retrospective request for Norco 10/325 mg #120 date of service 09/11/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of a quantitative assessment of pain relief, documentation of functional benefit, managed side effects and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. However, there is no documentation of a quantitative assessment of the patient's pain relief related to medication usage. Additionally, there is no documentation of functional benefit related to medication usage. Therefore continued use of this medication would not be supported by guideline recommendations.

**retrospective request for Prilosec 20 mg #60 with a date of service of 9/11/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The retrospective request for Prilosec 20 mg #60 for date of service 09/11/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does provide evidence that the patient's pain is managed with medication usage. However, the examination on 09/11/2013 that was provided did not include an adequate assessment of the patient's gastrointestinal system to support that the patient is at continued risk

for developing gastrointestinal disturbances related to medication usage. Therefore, the need for a gastrointestinal protectant is not indicated. As such, the retrospective request for Prilosec 20 mg #60 for date of service 09/11/2013 is not medically necessary or appropriate.