

<b>Case Number:</b>	CM13-0055401		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 56-year-old woman who sustained a work related injury on July 22 2009. Subsequently, she developed neck pain radiating to the left biceps and dorsoradial forearm. She underwent neck surgery. She has intermittent numbness to the thumbs bilaterally and has mid back pain that extends along the spine to the low back. According to a note dated on August 26, 2013, the patient was complaining of neck pain and intermittent left upper extremity pain. Her physical examination demonstrated cervical tenderness. She was diagnosed with intractable neck pain, status post anterior cervical discectomy, chronic back pain and myofascial pain. The patient was treated with the Neurontin Oxycodone and Omeprazole. The provider requested authorization to use the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OYSCO 500 + D TABLET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83, 68, 79-81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oysco 500. 59702-Oysco-500+Oral online website.

**Decision rationale:** According to Medical Evidence, OYSCO-500 is used to prevent or treat low blood calcium levels in people who do not get enough calcium from their diets. It may be used to treat conditions caused by low calcium levels such as bone loss (osteoporosis), weak bones (Osteomalacia/rickets), decreased activity of the parathyroid gland (Hypoparathyroidism). There is no documentation that the patient is suffering from Calcium deficiency. Therefore, OYSCO 500 + D Tab are not medically necessary and appropriate.

**METHOCARBAM TABLET 750MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic cervical pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no documentation of recent muscle spasms and the prolonged use of muscle relaxants is not justified. The prescription of Methocarbamol 750mg is not justified. The request is not medically necessary and appropriate.

**TRAMADOL HCL TABLET 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Criteria for use of opioids Page(s): 113, 179.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, Appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial

functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> There is no clear justification for the prescription of Tramadol. There is no documentation that the patient responded to previous use of narcotics. Therefore, the prescription of Tramadol HCL tablet 50mg is not medically necessary and appropriate.

#### **OMEPRAZOLE C AP 20MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole prescription is not medically necessary and appropriate.

#### **CHERATUSSIN SYRUP AC: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Codeine/Guaifenesin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines Cheratussin Syrup AC, Oral.rugid&drugname, Cheratussin web version.

**Decision rationale:** Cheratussin Syrup AC is a combination medication is used to temporarily treat coughing and chest congestion symptoms. There is no documentation that the patient developed chest congestion and cough. Therefore the request for Cheratussin Syrup AC is not medically necessary and appropriate.

#### **METHYLPRE D PAK 4MG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

**Decision rationale:** According to ODG guidelines, not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) see the Low Back Chapter, Where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain (FDA, 2013). Therefore, the request for Methylpre D pak 4mg is not medically necessary and appropriate.

**AMOX/K CLAV TABLET 875MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, website.

**Decision rationale:** According to ODG Amoxicillin tablet 875 mg is a penicillin-type antibiotic used to treat a wide variety of bacterial infections. It works by stopping the growth of bacteria. This antibiotic treats only bacterial infections. It will not work for viral infections. There is no clinical evidence that the patient developed active bacterial infection sensitive to Amoxicillin. Therefore the request for Amox/K Clav tab 875mg is not medically necessary and appropriate.