

<b>Case Number:</b>	CM13-0056724		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	03/29/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Family Practice and is licensed to practice in Texas. 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 reported injury on 09/16/2003. The mechanism of injury was noted to be the patient was descending an 8 foot ladder and missed the last rung and fell backwards putting her arm out to avoid hitting a fixture and was noted to land on her buttocks. The earliest documentation submitted for review on 10/24/2012 revealed the patient's medications to be OxyContin 80 mg 3 times a day, Roxicodone 30 mg 6 times a day, Baclofen 10 mg 4 times a day, Topamax 200 mg 2 per day, Lidoderm 5% 2 patches, Zofran 4 mg daily, and Intermezzo 1.75/3.5 mg. The physician opined the patient would benefit from spinal cord stimulation/intrathecal pump as the patient was already on high doses of pain medication. The patient indicated they had no new symptoms. The most recent documentation dated 10/10/2013 revealed the patient had diagnoses of severe degenerative disc disease of the lumbar spine, intradiscal pain, reactive myofascitis, situational depression and reactive fibromyalgia. Patient was noted to be in the office for a pain medication refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg 2 tablets tid:** 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 Medications for Chronic Pain; Ongoing Management Page(s): 60; 78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score and evidence the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had undergone urine drug screens. However, there was a lack of documentation indicating an objective increase in function, objective decrease in the VAS score and documentation of side effects. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for OxyContin 40 mg 2 tablets 3 times a day is not medically necessary.

**Lidoderm 5% 2 patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** California MTUS Guidelines indicate that Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. There should be documentation of objective pain relief and functional benefit. Clinical documentation submitted for review failed to indicate the patient had a trial of first line therapy. Additionally, the patient was noted to have been taking the medication for greater than 1 year. There was a lack of documentation indicating the patient had trialed and failed first line medications and there was a lack of documentation of the patient's objective pain relief and functional benefit. Given the above, the request for Lidoderm 5% 2 patches is not medically necessary.

**Zofran 4mg qd:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Clinical documentation submitted for review failed to indicate the rationale for the requested medication. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherenced guideline recommendations. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Zofran 4 mg daily is not medically necessary.