

<b>Case Number:</b>	CM13-0062690		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral lower extremity pain reportedly associated with an industrial injury of February 27, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing, apparently consistent with an L4, L5, and S1 radiculopathy; multiple prior lumbar laminectomy and discectomy surgeries; psychological counseling; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 4, 2013, the claims administrator denied a request for Norco, denied a request for Prilosec, denied a request for Fexmid, denied a request for Dendracin lotion, and partially certified OxyContin, seemingly for weaning purposes. The applicant's attorney subsequently appealed. A clinical progress note of November 13, 2013 is notable for comments that the applicant reports persistent low back pain. The applicant was apparently intent on pursuing a spinal cord stimulator trial. For some reason, however, this did not happen owing to personal issues. The applicant's pain has gotten significantly worse. She is using six to eight tablets of Norco a day. She is having a number of personal and psychological issues, she states. She exhibits an antalgic gait and has difficulty transferring to and from the exam table. She is given refills of OxyContin, Norco, Fexmid, Topamax, Wellbutrin, Cymbalta, Ambien, Celebrex, Senna, and Dendracin and is asked to remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #480:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidences of successful return to work, improved function, and/or reduced pain affected as a result of the same. In this case, however, there is no evidence that any of these criteria have been met. The applicant's pain complaints are heightened as opposed to reduce. The applicant has failed to return to any form of work. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. Ongoing usage of opioid is not producing the requisite pain relief. The applicant is having to use increasing amounts of opioids to generate the same level of analgesia. Continuing Norco is not, on balance, indicated as none of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Accordingly, the request is not certified, on Independent Medical Review.

**PRILOSEC 20 MG #120:**

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

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

**Decision rationale:** The attending provider wrote in his progress note that he was employing Omeprazole for gastrointestinal protective purposes. However, the applicant does not seemingly meet criteria set forth on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Specifically, the applicant is not 65 years of age or greater (the applicant was 44 as of the date of the utilization review report), the applicant does not have any personal history of gastrointestinal events such as peptic ulcer disease or bleeding, is not using NSAIDs in conjunction with corticosteroids, and/or is not using multiple NSAIDs. The applicant is only using one NSAID, Celebrex, is not using any corticosteroids. Usage of Prilosec for gastrointestinal prophylactic purposes is not, consequently, indicated. Therefore, the request is not certified, on Independent Medical Review.

**FEXMID (CYCLOBENZAPRINE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified, on Independent Medical Review.

**DENDRACIN 120 ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Dendracin are "largely experimental." In this case, the applicant has used Dendracin on a protected basis and has failed to affect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on 6+ different analgesic and adjuvant medications. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Dendracin. Accordingly, the request is likewise not certified, on Independent Medical Review.

**OXYCONTIN 20 MG #30 WITH ONE (1) REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Oxycodone Section, Drug Enforcement Administration (DEA) The Expert Reviewer base.

**Decision rationale:** As noted by the Drug Enforcement Administration (DEA) Office of Diversion Control, "the issuance of refills for a Schedule II controlled substance is prohibited by law." As noted on page 97 of the MTUS Chronic Pain Medical Treatment Guidelines, OxyContin is scheduled to control substance. Refill of the same is prohibited by law, per the DEA. It is further noted that as with the request for Norco, that the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work, exhibit any reduction in pain scores, and/or improve function as a result of ongoing opioid usage. The applicant's ability to perform even basic activities of daily living such as standing, walking, and transferring are still limited despite ongoing opioid usage. The applicant is off of work, on total

temporary disability. The applicant's pain scores are heightened as opposed to reduce despite ongoing opioid therapy. Continuing OxyContin is not indicated, for all the stated reasons. Therefore, the request is not certified, on Independent Medical Review.