

<b>Case Number:</b>	CM13-0064245		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/09/2001
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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 45-year-old female who reported an injury on 12/09/2001. The mechanism of injury was a slip and fall. The patient's medication history included Norco, Xanax, and OxyContin as of 2012. The documentation of 11/14/2013 revealed the patient had complaints of worsening low back pain and numbness to the left lower extremity. Physical examination revealed the patient had decreased sensation in the L4-S1 dermatomes in the left lower extremity. The patient had normal motor strength testing. The patient's diagnoses were noted to include cervical spine disc herniation, chronic pain, opioid dependence, status post lumbar fusion at L4-5, L5-S1 and overjoyed dependence. The request was made for a refill of Norco, Xanax, and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOID, DOSING, WEANING.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOIDS, DOSING  
Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Additionally, the guidelines indicate that dosing should not exceed 120 mg oral morphine equivalence per day and if the patient is taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation indicating the patient had an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient was being monitored for aberrant drug behavior and side effects. Additionally, the oral morphine equivalence would be 150 mg, which exceeds the CA MTUS Guideline recommendations. Given the above, the request for Norco 10/325 #120 is not medically necessary.

**OXYCONTIN 40MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOID, DOSING, WEANING.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Additionally, the guidelines indicate that dosing should not exceed 120 mg oral morphine equivalence per day and if the patient is taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation indicating the patient had an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient was being monitored for aberrant drug behavior and side effects. Additionally, the oral morphine equivalence would be 150 mg, which exceeds the CA MTUS Guideline recommendations. Given the above, the request for OxyContin 40 mg #90 is not medically necessary.

**XANAX 1.5MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINE Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks, due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. Therefore, continued use would not be supported. Given the above, and the lack of documentation of exceptional factors, the request for Xanax 1.5 mg #90 is not medically necessary.

**PRILOSEC 20MG, #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia. Additionally, this patient was noted to be taking the medication since 2012. There was a lack of documentation of the efficacy of the medication. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for Prilosec 20 mg #30 with 2 refills is not medically necessary.

**LIDODERM PATCH 5%, #60 PLUS 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to indicate the patient had trialed and failed a first-line medication therapy. The documentation submitted for review indicated this was a refill of the medication, however, the duration of care on the medication was not provided. There was a lack of documentation indicating a necessity for #60 plus 2 refills without re-evaluation. Given the above, the request for Lidoderm patch 5% #60 plus 2 refills is not medically necessary.