

<b>Case Number:</b>	CM14-0006639		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 patient is a 56 y/o male, DOI 11/15/05. He has developed a chronic pain syndrome with pain affecting his knees, shoulders and spine. Current treatment consists mainly of analgesic medications and psycho-social support. Long term opioid use is documented to provide some pain benefits i.e. 40% improvement in pain levels, there are associated improvements in function documented. Significant side effects from the opioids are present in the form of hypogonadism (laboratory proven) and severe constipation. Urine drug testing has revealed no evidence of misuse. There are no reported "red flags" indicating probable misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG, #150:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79

**Decision rationale:** The prior U.R. recommended a change from # 5 tabs of Oxycodone 10/325mg per day to #4 tabs per day. It is not entirely clear what the perceived benefits would

be given the long term use of Oxymorphone 20mg. bid plus the Oxycodone. There are no indications of misuse, accelerating use or addictive behaviors. The change is documented to cause increased discomfort. MTUS guidelines support long term opioid use under these circumstances.

**SYNOVACIN 500MG, #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMINE, 50

**Decision rationale:** MTUS Guidelines support the possible use of Glucosamine for knee DDD. More recent studies question its benefits, but there are no new definitive conclusions in treatment guidelines. There are no clear Guidelines that would support a denial.

**KETOPROFEN/GABAPENTIN/LIDOCAINE, #120G:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

**Decision rationale:** The MTUS chronic pain guidelines are quite straightforward on this issue: if a drug is not FDA approved for this indication the compound is not recommended. In the MTUS guidelines, both topical Ketoprofen and Gabapentin are not recommended. This compounded topical is not medically necessary.

**AMITIZA 24MCG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Amizita is FDA approved to treat chronic constipation caused by chronic opioid use. This is often a secondary drug if a primary laxative is inadequate. This is consistent with the patient's circumstances.

**5 NYLON SLEEVES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Prior UR denied the sleeves based on the rationale that "they did not know what they were necessary". It appears that the sleeves are utilized between the unloading brace and skin. This appears to technically be an "under sleeve" and can contribute to a braces comfort and effectiveness. At this time there does not appear to be adequate medical rationale to recommend a denial. MTUS guidelines do not address this issue.