

<b>Case Number:</b>	CM14-0007908		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 49-year-old male who reported an injury on 10/10/2011; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/06/2013, the injured worker reported that the omeprazole was helping with adverse effects in the gastrointestinal area due to medications. The injured worker further stated that the current medication at that time was not adequately controlling pain rated 3/10. The injured worker further stated that the pain was localized to the right arm, right leg, hip, left shoulder, and back. The report further indicated that the topical agents that the injured worker was utilizing at the time was helping with the pain but was not indicated where the injured worker was utilizing it. Physical exam revealed that in the lumbar spine the range of motion was restricted due to pain. Within this clinical note, no further range of motion was indicated as being tested during the exam. The injured worker's diagnoses include lumbar sprain/strain, facet syndrome, cervical sprain/strain, lumbosacral radiculopathy, wrist sprain, hand pain, shoulder sprain/strain, chronic pain syndrome, neck pain, hip pain, discogenic pain, cervical radiculopathy, supraspinatus tenosynovitis, and lastly de Quervain's tenosynovitis. Within the treatment plan, it was indicated the hydrocodone was to be utilized for pain, omeprazole was to be utilized for gastrointestinal upset, Effexor was indicated for depression from pain, tramadol was indicated for pain, and flurbiprofen was indicated for pain and was not specified which body part only to sensitive areas was it to be used. The urine specimen collected on 12/06/2013 for random drug screen revealed the injured worker at that time reported his medication usage was hydrocodone, tramadol, Orphenadrine, omeprazole, and Effexor in which the injured worker reported the last dose that he took of all these medications was 10/06/2013. As a result, the test results all came back negative for all medication. The request for authorization was dated 12/02/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **REFILL HYDROCODONE 2.5/325MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for a refill of hydrocodone 2.5/325mg #60 is non-certified. The California MTUS Guidelines recognize 4 domains that 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 recurrence of any potentially aberrant drug related behaviors. Within the last communication of the urine drug screen, it was indicated that the injured worker had not used any opioids since 10/06/2013; however, the clinical notes stated that this was going to be a refill. There was no justification why the injured worker was not utilizing the medication and if the injured worker had not been using the medication, there would not be a need to refill it. This would draw into question why the prescriber is giving more medication for which the injured worker is not even using. Furthermore, the injured worker's pain rating of 3/10 that was being controlled by using tramadol would not indicate the usage for anything stronger than what the injured worker was already utilizing. Moreover, with the pain assessments that were reported, it was unknown what the injured worker's pain levels were without using the medication when compared to using the medication. Lastly, the injured worker did not show any documented objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

### **OMEPRAZOLE 20MG, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** The request for omeprazole 20 mg #30 is non-certified. The California MTUS Guidelines recommend the use of proton pump inhibitor if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDS, and a history of peptic ulcers. Within the documentation of the urine drug screen, the last dosage that the injured worker had taken of any of the medications was 10/06/2013. With a non-certification of concurrent request and the reported heartburn being directly related to medication utilization, there is not a medical necessity shown to utilize the omeprazole without the use of the concurrent request and cannot be supported by the guidelines. As such, the request is not medically necessary.

**REFILL EFFEXOR XR 37.5MG, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE (EFFEXOR).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 13, 105.

**Decision rationale:** The request for refill of Effexor XR 37.5 mg #30 is non-certified. The California MTUS Guidelines recommend SNRIs as an option in first line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Within the documentation, the physician's rationale for utilization of Effexor is directly for depression secondary to pain. However, the physician did not reveal significant signs and symptoms of depression within the clinical documentation that would indicate the medical necessity. Additionally, the guidelines state assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Within the submitted documentation, there was a lack of assessment shown for pain outcomes, an evaluation of function with and without the medication, sleep quality and duration, and a psychological assessment. Given the lack of documentation of indicated proper assessments, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

**TRAMADOL ER 150MG, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for tramadol ER 150 #30 is non-certified. The California MTUS Guidelines recognize 4 domains that 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 recurrence of any potentially aberrant drug related behaviors. Within the last communication of the urine drug screen, it was indicated that the injured worker had not used any opioids since 10/06/2013; however, the clinical notes stated that this was going to be a refill. There was no justification why the injured worker was not utilizing the medication and if the injured worker had not been using the medication, there would not be a need to refill it. This would draw into question why the prescriber is giving more medication for which the injured worker is not even using. Moreover, with the pain assessments that were reported, it was unknown what the injured worker's pain levels were without using the medication when compared to using the medication. Lastly, the injured worker did not show any documented objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

**FLURBIPROFEN CREAM 20%, #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for flurbiprofen cream 20% #1 is non-certified. The California MTUS Guidelines state the efficacy of NSAID topical analgesics have shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but earlier, not afterward or the diminishing effect over another 2 week period. The guidelines further state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, the guidelines recommend NSAID topical analgesics for short-term use (4 to 12 weeks) and there is little evidence to indicate utilization of topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. As for neuropathic pain, the guidelines state that it is not recommended and there is no evidence to support the use of topical NSAIDS. Within the treatment plan of the medical records, it is not indicated to which body part, nor was the referred etiology of the pain, that is to be treated with this medication indicated. Without knowing the body part or the etiology of the pain, due to multiple diagnoses of musculoskeletal and neuropathic pain, the request cannot be supported by the guidelines. As such, the request is not medically necessary.