

<b>Case Number:</b>	CM14-0019789		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 42 year old female who sustained an injury on 10/01/01 due to cumulative trauma lifting heavy objects. The injured worker had been followed for complaints of low back pain rating 4-9/10 on VAS. The injured worker was followed by since August of 2013. Medications prescribed to the injured worker included Axid 150mg once daily, Orudis 75mg twice daily, and oxycodone 30mg four times daily. It was unclear what the duration of medications had been up to August of 2013. Prior treatment included IDET procedure all caps IDET. On physical examination there was limited range of motion in the lumbar spine. Medications were continued at this visit. Through December of 2013 pain scores did not substantially change. The injured worker reported her level of low back pain had actually increased over time. No new forms of physical therapy were noted. Medications remained unchanged. Physical examination continued to document limited range of motion in the lumbar spine. Medications including Axid 150mg quantity 60 prescribed 11/11/13 and Orudis 75mg quantity 60 prescribed 11/11/13 were denied by utilization review on 01/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR AXID 150MG #60 DOS:11/11/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Side Effects Page(s): 70-73. Decision based on Non-MTUS Citation <http://www.drugs.com/axid.html>.

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

**Decision rationale:** Axid is a medication to treat gastrointestinal reflux disease and ulcers. There was no indication from the clinical records that these conditions existed for this injured worker. There was no clinical documentation regarding any substantial gastrointestinal side effects from opioid or anti-inflammatory management. Given the absence of any clinical indications for the use of Axid this reviewer would not have recommended this medication as medically necessary.

**RETROSPECTIVE REQUEST FOR ORUDIS 75MG #60 DOS:11/11/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. The request is not medically necessary and appropriate.

**RETROSPECTIVE REQUEST FOR OXYCODONE HCL 30MG #120 DOS:11/11/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** In regards to the use of Oxycodone 30mg quantity 120 provided on 11/11/13, the request is not medically necessary and appropriate based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review provided minimal documentation regarding the pain relief obtained with the use of this medication or any specific functional benefits. There was no

documentation regarding compliance measures such as toxicology results or long term opioid risk assessments which would be indicated for this medication per current evidence based guidelines.