

<b>Case Number:</b>	CM14-0111909		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/12/1995
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 64-year-old female who reported injury on 06/12/1995. The mechanism of injury was, the injured worker was helping another nurse push a patient on a gurney when she felt pain in her low back and buttocks. The documentation of 03/28/2014 revealed the injured worker was alternating Tylenol #4 and Percocet in order not to build a tolerance. The injured worker was noted to be utilizing tramadol to help with pain. The injured worker utilized ibuprofen as an anti-inflammatory for pain, and fentanyl patches 50 mcg with 25 mcg 1 every day and a half apart to avoid withdrawal side effects, such as sweating on day 3. The injured worker was noted to have trialed and failed OxyContin, Mobic, Vioxx, Lyrica, Darvon and Gabapril. The documentation indicated the current medication regimen was the most effective analgesic regimen to date, and should not be altered. The diagnoses included; chronic low back pain, degenerative lumbar spondylosis, chronic low back pain myofascial pain syndrome, pain disorder with psychosocial general medical condition, and insomnia present due to chronic pain. The injured worker was noted to have subjective complaints of chronic low back pain due to degenerative spondylosis of the lumbar spine. There was no DWC form RFA submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the duration of use for opioids has been since 10/2013. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation meeting the above criteria. Given the above, the request for Endocet 10/325 mg #60 is not medically necessary.

**Tramadol 50mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management, Opioid Dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the duration of use for opioids has been since 10/2013. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation meeting the above criteria. Given the above, the request for tramadol 50 mg #180 is not medically necessary.

**Ibuprofen 800mg #90:** Upheld

**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): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the treatment of acute pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had previously trialed other medications. However, there was a lack of documentation indicating the injured worker had an objective decrease in pain and an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. The

documentation indicated the injured worker had been utilizing the medication since at least 10/2013. Given the above, the request for ibuprofen 800 mg #90 is not medically necessary.

**Tylenol #4 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the duration of use for opioids has been since 10/2013. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation meeting the above criteria. Given the above, the request for Tylenol #4 #120 is not medically necessary.