

<b>Case Number:</b>	CM14-0114939		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 request for independent medical review was signed on July 15, 2014. The OxyContin 20 mg number 60 was modified to OxyContin 20 mg number 18. The Trepadone was noncertified. Per the records provided, the patient was described as a 68-year-old lady with the date of injury of February 1, 2003. She was being treated for pain in the neck, bilateral knee and low back pain, and swollen feet. She indicated the use of OxyContin improved her pain by 50 to 60% with increased function and improved activities of daily living. The pain was 10+ out of 10 without medicines and 10 out of 10 with medicines. There were no relevant objective exam findings. There was a medication summary report as well as a functional capacity evaluation. Current evidence-based guides recommend urine drug testing twice yearly. She had a urine drug screen on January 3, 2014 and an additional one was not necessary. Objective functional improvement with the medication usage was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Oxycontin 20 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Oxycodone controlled release; Opioids, criteria for use; Regarding weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** In regards to Opiates, Long term use, the California Treatment Utilization Schedule (MTUS) poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per California (MTUS) guideline review.

**One prescription for Trepadone, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain section, under Medical Foods.

**Decision rationale:** The California Treatment Utilization Schedule (MTUS) is silent on this substance. Under Official Disability Guidelines (ODG), Pain Section under Medical Foods, Trepadone is not recommended. The substance is made up agents with little to no proven effectiveness. For example, it contains Gamma-aminobutyric acid (GABA): This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia and it has substantial adverse reactions. This request was appropriately not certified, based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations.