

<b>Case Number:</b>	CM14-0117526		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This injured worker was injured on 12/05/11 as a result of a slip and fall. She was seen on 02/17/14 with complaints of abdominal pain, constipation, and gastric reflux. Medications included Prilosec, Gaviscon, Colace, Simethicone, Amitiza, Probiotic, and NSAID with last dose of all medications reported as 02/16/14. As the injured worker was examined, the diagnosis was gastritis and peptic ulcer disease and the injured worker was seen on 03/12/14 with continuation of medications including Opana IR 10mg 1 PO Q6 hours and refilled on Protonix at that time. A drug screen performed on 03/18/14 was not consistent for prescribed medications of Elavil and Wellbutrin. A drug screen on 04/09/14 also found Elavil to be an inconsistent result on the drug screen as well as Xanax. On 07/01/14, the injured worker was seen back in clinic and Xanax was refilled as well as Protonix, and Opana, and Norco was discontinued. Percura 2 times twice a day for dyesthesia and paresthesia was also recommended as well as Gabadone and Lidocaine/Gabapentin/Menthol/Capzasin/Camphor compounded ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill two (2) Xanax 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** The submitted records failed to identify a rationale for continuing of Xanax. The records indicate the injured worker was non-consistent with this medication indicating that she has no need for this medication. The submitted records also failed to identify objectively that this medication had provided significant relief for this injured worker. Current guidelines do not support long term use of this type of medication. Therefore, Refill two (2) Xanax 2mg #30 is not medically necessary.

**Protonix 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 73.

**Decision rationale:** The submitted records indicate the injured worker does have a significant past history of gastritis and stomach upset although the current history is not significant for GI events. There is lack of adequate rationale for continuing this medication at this time. Therefore, Protonix is not considered medically necessary.

**Opana 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 78-93.

**Decision rationale:** This request is non-certified. The records indicate that on last physical examination, the pain score was 8-9/10 and there is no indication that this medication has provided significant relief for this injured worker. There is lack of documentation of adherence to the 4 A's of opioid management; there is lack of adequate analgesia and there is lack of urine drug screens to document this claimant is not abusing the medication. Therefore, the rationale for continuing Opana 10mg has not been provided in the records and this request is not medically necessary.

**Percura #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-73. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

**Decision rationale:** The submitted records failed to identify a rationale for continuing this medication. Records indicate the medication was prescribed for dysesthesia and paresthesia but the records failed to identify failure of lesser medications for her dysthesia and paresthesia. There was also a lack of documentation of an objective physical examination most recently to indicate that this injured worker does indeed have paresthesia and/or dysesthesia to warrant this level of medication. Therefore, this medication is not considered medically necessary.

**Duexis #60:** 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): 67-73.

**Decision rationale:** The submitted records failed to identify a rationale for this medication. The records indicate the injured worker has been on NSAIDs medication, and the injured worker has been on Protonix. There is no indication of a rationale for this medication and a lack of documentation that this injured worker cannot take her Protonix as well as an NSAID independently of each other. Therefore, this request is not considered medically necessary.

**Metaloxone 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Page(s): 67-73.

**Decision rationale:** The records indicate this medication had been prescribed for muscle spasms, and guidelines indicate this medication should be prescribed only in a low dose for a short period of time. The objective physical examination most recently did not describe significant muscle spasms to warrant this level of medication. Therefore, this request is not considered medically necessary and is not medically necessary.

**Gabadone:** 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 Official Disability Guidelines (ODG) medication, medical food

**Decision rationale:** The submitted records indicate this medication was prescribed for insomnia but the records failed to identify significant objective evaluation for this injured worker's insomnia. Guidelines would indicate that medication for insomnia may be prescribed but only after a complete thorough examination for insomnia. There is lack of documentation of failure of other medications. This has not been documented by the records and therefore this request is not considered medically necessary.

**Lidocaine, gabapentin/Menthol/Capsaicin/Camphor Compounded Ointment 240gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

**Decision rationale:** The submitted records failed to identify a rationale for this compounded medication. These medications specifically, Capzasin, can be obtained over the counter without a prescription, and the overall efficacy of compounded medications has not been supported by the most recent literature. The records indicate this medication had been continued as of the last clinical note, but the overall efficacy of that medication has not been documented as the injured worker's pain was still rated at 8-9/10. Therefore, the efficacy of this compounded medication has not been documented by the records. This request is not medically necessary.