

<b>Case Number:</b>	CM14-0127670		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review, indicate that this 57-year-old male was reportedly injured on January 12, 2008. The mechanism of injury was not listed. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of neck pain and back pain that radiated to the left lower extremity. The physical examination demonstrated cervical spine positive tenderness of the bilateral paracervical borders and bilateral trapezius muscles. Anterior neck surgical incision was noted. Decreased range of motion was with lateral bending and rotation. Lumbar spine had positive tenderness to palpation of the bilateral paraspinal muscles. SI joint was tender over the left side. Limited range of motion was with pain. There was positive Faber test. Straight leg raise was positive on the left at about 90 degrees with radicular pain noted. Neurological: Left lower extremity 4/5 for muscle strength. The patient had difficulty with standing on toes and heels. No recent diagnostic studies are available for review. Previous treatment included field cervical and lumbar spine surgeries, medications, and conservative treatment. A request had been made for OxyContin ER 30 mg #90, Percocet 10/325 mg #240 and Dexilant 60 mg #90 and was not certified in the pre-authorization process on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin ER 30 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78,92,97.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support long-acting opiates like OxyContin in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and low back pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, the request for Oxycontin ER 30 mg, ninety count, is not medically necessary or appropriate.

**Percocet 10/325mg 240 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support short-acting opiates like Percocet for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and low back back pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, the request for Percocet 10/325mg 240 count is not medically necessary or appropriate.

**Dexilant 60 mg ninety count:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, th request for Dexilant 60 mg ninety count is not medically necessary or appropriate.