

<b>Case Number:</b>	CM14-0128000		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Interventional Spine 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 patient is a 53 years old male with an injury date on 05/16/2007. Based on the progress report dated 7/14/14, the diagnoses are; cervical disc w/radiculitis, lumbar disc w/radiculitis, degeneration of lumbar disc, degeneration of cervical disc and neck pain. According to this report, the patient complains of neck pain with radiation to the left upper extremity, lower back and lower extremity pain. The patient rated the pain as a 10/10 today for the lower back and neck. The patient's current medications are Oxycodone 10mg, Ibuprofen 80mg, OxyContin 20mg, Neurontin 300mg, Lidoderm. The patient has "allergies to NSAID" was first noted on the 01/23/2014 report. The 05/15/2014 report the treating physician mentions that "the medications are controlling some, but not all of the pain symptoms." The 06/26/2014 report mentions the patient "increased dose of meds for the past month including OxyContin 40mg and 6 Norco a day and is not helping his pain. "There were no other significant findings noted on this report. The 01/23/2014 report indicates the patient's pain is at an 8/10. The utilization review denied the request on 07/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/23/2014 to 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 500mg #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAID's.

**Decision rationale:** According to the 07/14/2014 report by [REDACTED], this patient presents with neck pain with radiation to the left upper extremity, lower back and lower extremity pain. The treating physician requested Ibuprofen 500mg #90. The MTUS Guidelines reveal the following regarding NSAID's, "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of records show Ibuprofen was first prescribed on 06/11/2014. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines "require documentation of medication efficacy when it is used for chronic pain." In this case, the patient has "allergies to NSAID" and there is not mention of how this medication has been helpful in any way. The request is considered not medically necessary.

**Oxycodone 10mg #300:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids, pages 76-78, and Therapeutic Trial of Opioids function.

**Decision rationale:** According to the 07/14/2014 report by [REDACTED] this patient presents with neck pain with radiation to the left upper extremity, lower back and lower extremity pain. The treating physician requested Oxycodone 10mg #300. Oxycodone is first noted in this report after discontinuing Norco. For chronic opiate use, MTUS Guidelines require "functioning documentation using a numerical scale or validated instrument at least once every 6 months." Also, MTUS requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends "documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera." The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is considered not medically necessary.

**Oxycontin 30mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids, pages 76-78, and Therapeutic Trial of Opioids.

**Decision rationale:** According to the 07/14/2014 report by [REDACTED] this patient presents with neck pain with radiation to the left upper extremity, lower back and lower extremity pain. The treating physician requested OxyContin 30mg #60. Review of report shows that the patient has been taking OxyContin since 01/23/2014. Per 06/26/2014 report, OxyContin is not helping the patient's pain. For chronic opiate use, MTUS Guidelines require "functioning documentation using a numerical scale or validated instrument at least once every 6 months." Also, MTUS requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends "documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera." The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is considered not medically necessary.