

<b>Case Number:</b>	CM14-0173063		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported injury on 10/01/2007. The mechanism of injury was not included. The diagnoses were not included. The past treatments and surgical history were not provided. A CT scan of the brain dated 06/16/2014 indicated mild cerebral atrophy. There were no progress notes or clinical notes provided. There was no subjective or objective documentation provided for review. Medications included oxycodone IR 20 mg 1 tablet to 2 tablets 4 times a day as needed, Prilosec 20 mg daily, and methadone 10 mg 4 times a day. The treatment plan and rationale were not submitted for review. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 20mg 1-2 PO QID PRN #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone; and On-going management; a.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80 & 86.

**Decision rationale:** The request for Oxycodone IR 20mg 1-2 PO QID PRN #150 is not medically necessary. The California MTUS Guidelines recommend opioids for long term management of chronic pain only when pain and functional improvements are measured using a numerical scale or validated instrument. Side effects and aberrant behavior should also be documented. There is no documentation provided regarding the injured worker's current condition. Given the lack of documentation, the need for oxycodone IR is not established. Therefore, the request is not medically necessary.

**Prilosec 20mg PO QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20mg PO QD #30 is not medically necessary. The California MTUS Guidelines recommend the use of proton pump inhibitors such as Prilosec for patients on NSAIDs with increased risk of gastrointestinal complications. There is no documentation provided regarding the injured worker's current condition. The need for a proton pump inhibitor is not established at this time. Therefore, the request is not medically necessary.

**Methadone 10mg 4 PO QID#480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 92, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** The request for Methadone 10mg 4 PO QID#480 is not medically necessary. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. There is no documentation provided indicating the injured worker's current condition. The need for methadone is not established at this time. Therefore, the request is not medically necessary.