

<b>Case Number:</b>	CM14-0023540		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

This is a 44 year old patient with a date of injury on 7/9/2003. The mechanism of injury was he fell from a ladder 5-10 feet from the ground, suffering injury to his cervical spine, lumbar spine, and left shoulder. On a physical exam dated 1/29/2014, the patient shows tenderness and tightness in his cervical spine and left shoulder, and 50% restriction on all range of motion on his lumbar spine. On a progress note dated 2/13/2014, he continues to get headaches, pain in his lower back, neck, and right leg. Diagnostic impression shows headache, possibly vascular with cervicogenic component and likely rebound component. Treatment to date: medication therapy, and behavioral modification. A UR decision on 2/18/2014 denied the request for Percocet and MS Contin, stating documentation does not support effectiveness of Percocet nor MS Contin. There is no quantitative assessment of how these medications help, percentage of relief, how long this relief lasts, or mention of urine toxicology screen to show compliance, increase in function, increase in activity. DSS and Senna was denied stating there is no documentation showing how this medication helps the patient. Omeprazole was denied, stating there is no documentation showing why patient is taking Prilosec or quantitative assessment on how this medication helps the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1 every 4-8 hours as needed for pain: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a physical exam on 1/29/2014, the patient stated that his headaches are not responding to his Percocet. In the reports viewed, there was no documentation of functional improvement noted from the use of opioids. Furthermore, there was no evidence of pain contract, CURES monitoring, or urine drug screens to show compliance to this medication regimen. Therefore, the request for Percocet 10/325 1 every 4-8 hrs as needed for pain is not medically necessary.

**MS Contin 15mg 1 every 8-12 hours as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there is no documentation of functional improvement, such as increase in function or activity that supports effectiveness of MS Contin. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for MS Contin 15mg every 8 hours is not medically necessary.

**Senna 8.6mg 2 twice a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA(Senna).

**Decision rationale:** The FDA states that Senna is indicated for short-term treatment of constipation, preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. On a progress note dated 1/29/2014, the patient did complain of constipation induced by opioids. However, he is also noted to be on DSS, which is indicated for opioid induced

constipation. There was no discussion or rationale provided as to why the patient needs Senna in addition to the DSS. Therefore, the request for Senna 8.6mg 2 tabs twice a day is not medically necessary.

**DSS 100mg 2 Tabs 3-4 times a day as needed for constipation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. On a progress note dated 1/29/2014, it was noted that the patient suffered from opioid induced constipation. Therefore, the request for DSS 100mg 2 tabs 3-4 times a day as needed for constipation was medically necessary.

**Prilosec 20mg twice a day:** Upheld

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

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

**Decision rationale:** MTUS and the FDA support proton pump inhibitors (PPI) in the treatment of patients with Gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the reports viewed, there was no documentation that the patient was at risk for any gastrointestinal events or that he was currently on any NSAIDs. Therefore, the request for Prilosec 20mg 1twice a day was not medically necessary.