

<b>Case Number:</b>	CM14-0025597		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 01/04/2005. The injured worker's medication history included opiates, NSAIDS, treatment for constipation, and PPIs as of 2011. The injured worker was utilizing PreviDent as of mid 2013. The documentation of 02/11/2014 revealed low back pain. OxyContin 20 mg 4 times a day and Percocet 10/325 mg 8 times a day is being utilized by the claimant. The injured worker was using Celebrex as an anti-inflammatory and was on multiple medications for adverse GI effects from pain medications. It was indicated the injured worker needed PreviDent as directed for severe ongoing dry mouth symptoms related to chronic pain and the prolonged use of opiates. Diagnoses included degeneration of cervical intervertebral discs, cervical post laminectomy syndrome, disorder of the bursa of the shoulder region, old medial collateral ligament disruption, enthesopathy of the hip region and chronic pain syndrome. The treatment plan included continuation of the previously mentioned medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing the pain medication since 2011. However, there was lack of documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior. There was documentation the injured worker was having side effects from the medication. The cumulative dosing of the opiates would be 200 mg per day, which exceeds the 120 mg of oral morphine equivalents per day. The documentation indicated the injured worker was taking 8 Percocet 10/325 per day and 4 OxyContin 20 mg per day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 #240 is not medically necessary and appropriate.

**Oxycontin 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing the pain medication since 2011. However, there was lack of documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior. There was documentation the injured worker was having side effects from the medication. The cumulative dosing of the opiates would be 200 mg per day, which exceeds the 120 mg of oral morphine equivalents per day. Additionally, the documentation indicated the injured worker was taking 8 Percocet 10/325 per day and 4 OxyContin 20 mg per day. Furthermore, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet OxyContin 20 mg #120 is not medically necessary and appropriate.

**Celebrex 200 mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDS for the short term symptomatic treatment of low back pain. It is recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time, consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2011. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Celebrex 200 mg #60 with 3 refills is not medically necessary and appropriate.

**DSS 250mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker was utilizing medications for constipation since 2011. There was lack of documentation of efficacy for the requested medication. There was lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for DSS 250 mg #60 with 3 refills is not medically necessary and appropriate.

**Prevident 5000 dry mouth 1.1% gel #1 bottle with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation New Zealand Guidelines Group, Guidelines for the use of Fluorides. Wellington (NZ): New Zealand Ministry of Health; 2009, page 64.

**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: <http://www.drugs.com/mtm/prevident-5000-dry-mouth.html>.

**Decision rationale:** Per Drugs.com, PreviDent is a fluoride topical which is used to prevent tooth decay in patients who undergo radiation of the head and/or neck which may cause dryness of the mouth and increased incidence of tooth decay. The clinical documentation submitted for review indicated the injured worker was utilizing the PreviDent since mid 2013. There was lack of documented efficacy. The injured worker was noted to be using the PreviDent to prevent dental cavities, however, there was lack of documented efficacy. There was lack of documentation indicating a necessity for 5 refills without re-evaluation. Additionally, the request

as submitted failed to indicate the frequency for the requested medication. Given the above, the request for PreviDent 5000 dry mouth 1.1% gel #1 bottle with 5 refills is not medically necessary and appropriate.

**Nexium 40 mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing a PPI since 2011. There was a lack of documentation of efficacy for the requested med. There was lack of documentation indicating a necessity for both Nexium and Ranitidine. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nexium 40 mg #30 with 3 refills is not medically necessary and appropriate.

**RANITIDINE 150MG #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing a PPI since 2011. There was a lack of documentation of efficacy for the requested medication. There was lack of documentation indicating a necessity for both Nexium and Ranitidine. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ranitidine 150 mg #60 is not medically necessary and appropriate.