MAXIMUS Federal Services

| Case Number: | CM14-0026896 | | |
|---|---|---|---|
| Date Assigned: | 06/16/2014 | Date of Injury: | 02/01/1999 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

## 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 employee is a 60-year-old female injured on February 1, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of cervical spine pain and bilateral shoulder pain. The notes on this date are difficult to read and appear to not include a physical examination. It was stated that medications were helping the injured employee participate in activities of daily living. A request had been made for Doc-Q-Lace, Rizatriptan, Restasis, Duragesic, and Percocet and was not certified in the pre-authorization process on February 19, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DOC-Q-LACE 100MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

**Decision rationale:** Stool softeners are often used to treat side effects of constipation from opioid medications. According to Chronic Pain Medical Treatment Guidelines, The attached request for both Duragesic and Percocet restated to not be medically necessary. Therefore this request for D0c-Q-Lace is also not medically necessary.

**RIZATRIPTAN 10MG ODT #9, 4 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.nlm.nih.gov/medlineplus/druginfo/meds/a601109.html.

**Decision rationale:** According to the medical record provided it is not stated why there is a request for Rizatriptan. This medication is often used to treat migraine headaches; however there is no mention of migraine headaches in the attached medical record. The injured employee may have tension headaches but Rizatriptan is not indicated for tension headaches. This request for Rizatriptan is not medically necessary.

**RESTASIS EMU 0.5% #60, 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.nlm.nih.gov/medlineplus/druginfo/meds/a604009.html>.

**Decision rationale:** According to the attached medical record it is unclear why Restasis is being requested. This may be due to side effects of dry eye secondary to opioid medications. However the request for these opioid medications was determined to not be medically necessary. This request for Restasis is not medically necessary.

**DURAGESIC 100MCG PER HOUR PATCH, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that, the use of chronic opioid medications such as Duragesic and Percocet should be assessed by their objective improvement with a pain scale as well as assess their effects on activities of daily living, adverse

side effects, and abberant drug behaviors. The notes in the supplied medical record are difficult to decipher and do not appear to assess these objective measures. Therefore this request for Duragesic is not medically necessary.

**PERCOCET 10/325MG, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that the use of chronic opioid medications such as Duragesic and Percocet should be assessed by their objective improvement with a pain scale as well as assess their effects on activities of daily living, adverse side effects, and abberant drug behaviors. The notes in the supplied medical record are difficult to decipher and do not appear to assess these objective measures. Therefore this request for Percocet is not medically necessary.