

<b>Case Number:</b>	CM14-0031417		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/15/2000
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal 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:

The patient is a 65 year old female who was injured on 08/15/2000. Mechanism of injury is unknown. Diagnostic studies reviewed include a urine toxicology screen with a detection of Oxycodone dated 12/18/20163. The progress note dated 12/19/2013 documented the patient with complaints of pain in the lower back. Today's pain score is 4/10. Patient states pain is in lower back with radiation down the right leg. Medications are helping. Objective findings on exam are unchanged and stable. The progress note dated 03/20/2014 documented the patient with complaints of lower back pain with radiation down left leg. Today's pain score is 7/10. Medications are helping and without significant side effects. Patient states she does sleep well with Ambien. There is no evidence of abuse or diversion. Functional status is stable. There is no documentation of patient receiving physical therapy. The UR report dated 01/17/2014 denied the request for Prevacid 15 mg, Oxycodone 5 mg 1 tab bid and Lidoderm 5% patch because it is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS- CRITERIA FOR USE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Oxycodone is a short-acting opioid which is recommended for intermittent or breakthrough pain. The medical records document the patient was diagnosed with lumbar degenerative disc disease. The patient was on Oxycodone since 3/4/2013 as documented in the provided medical records. In the absence of documented significant improvement of pain and function and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines.

**PREVACID 15MG SUSPENSION, DELAYED RELEASE FOR ORAL RECON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

**Decision rationale:** According to the CA MTUS guidelines, Prevacid is a proton pump inhibitor that is recommended for patients at intermediate risk of GI events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. The medical records document the patient was diagnosed with lumbar degenerative disc disease. The patient was on Prevacid since 9/11/2013 as documented in the provided medical records. In the absence of documented history of the above determining factors or other GI conditions such as GERD or gastritis, the request is not medically necessary according to the guidelines.

**LIDODERM 5% (700MG/PATCH) ADHESIVE PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the CA MTUS guidelines, Lidocaine patches are recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records document the patient was diagnosed with lumbar degenerative disc disease. In the absence of

documented failed trial of first line medication and absence of documented improvement of pain and function, the request is not medically necessary according to the guidelines.