

<b>Case Number:</b>	CM14-0034704		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/12/1994
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 and Rehabilitation 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 injured worker is a 51-year-old male who reported an injury on 04/12/1994. The injured worker's medication history as of 09/2013 included Butrans Patches 20 mcg/hour, Diazepam 10 mg, Glipizide 5 mg, Ibuprofen 800 mg, Inderal 20 mg, Lisinopril 20/25 mg, Omeprazole 20 mg, Oxycodone/APAP 10/325 mg, and Pravastatin 40 mg. The documentation of 02/11/2014 revealed the injured worker had low back pain and complaints of back stiffness. The mechanism of injury was not provided. The documentation indicated the injured worker had difficulty getting on and off the examination table and in and out of the chair. The muscle strength was 4+/5 in the right gluteal muscles, and the right foot dorsiflexors were 4/5 muscle strength. The injured worker had a positive FABER maneuver bilaterally and a positive Patrick's maneuver bilaterally. The injured worker had pain to palpation over the L3-4 and L4-5 facet capsules bilaterally. The diagnoses included status post two level fusion at L4-5 and L5-S1 with possibly a post-laminectomy syndrome. Differential diagnosis would need to include facet capsular tears, substantially axial low back pain and a component of lower extremity neuropathic pathology in 1995. There was also a hardware injection on 09/09/2009 and narcotic induced constipation. The treatment plan included a refill of the medications, physical therapy, and psychiatric clearance for a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mg/hr patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 5 months. There was a lack of documentation of objective functional improvement, objective decrease in pain or documentation the injured worker is being monitored for aberrant drug behavior. There was documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans 20mg/hr patch #4 is not medically necessary.

**Colace 250mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the prophylactic treatment of constipation when starting an injured worker on opiates. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 5 months. There was lack of documentation of the efficacy of the requested medication. Given the above, the request for Colace 250mg #60 is not medically necessary.

**Diazepam 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 5 months. There was lack of documented efficacy or of exceptional factors to warrant non-

adherence to guideline recommendations. Given the above, the request for Diazepam 10mg #30 is not medically necessary.

**Ibuprofen 800mg: Upheld**

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

**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 relief of low back pain. 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 for at least 5 months. There was lack of documentation of objective functional improvement or an objective decrease in pain. Additionally, the requested as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Ibuprofen 800 mg is not medically necessary.

**Inderal 20mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.Mdconsult.com](http://www.Mdconsult.com), Propranolol, 2007 AHA guidelines.

**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/inderal.html>.

**Decision rationale:** Per [www.drugs.com](http://www.drugs.com), Inderal is used to reduce the severity and frequency of migraine headaches and used to treat hypertension. The clinical documentation submitted for review failed to provide a documented rationale for the requested medication. Additionally, there was a lack of documented efficacy for the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for at least 5 months. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Inderal 20mg is not medically necessary.

**Oxycodone APAP 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MEDICATIONS FOR 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 documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 5 months. There was a lack of documentation of objective functional improvement, an objective decrease in pain or documentation the injured worker is being monitored for aberrant drug behavior. There was documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Oxycodone/APAP 10/325mg is not medically necessary.

**Pravastatin 40mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Statins.

**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/pravastatin.html>.

**Decision rationale:** Per [www.drugs.com](http://www.drugs.com), Pravastatin is used to lower cholesterol and triglycerides in the blood. The clinical documentation submitted for review failed to provide documentation of a recent laboratory study to indicate the efficacy of the requested medication which the injured worker had been utilizing for at least 5 months. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Pravastatin 40mg is not medically necessary.