

<b>Case Number:</b>	CM14-0053207		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This patient sustained an injury on 6/26/03 while employed by [REDACTED]. Request under consideration include Doral 15mg Tablet #60 and Oxycontin 30mg ER #60. Report of 6/27/12 from surgical provider noted patient with chronic pain. Medications are reported to be helpful. Exam showed well-healed cervical spine incision, full range of motion and tenderness of spinous processes. X-rays showed hardware of C5-7 and no other significant abnormality detected. Treatment included meds, topical compound creams, and EMG/NCS. The patient remained TTD. Hand-written report of 11/25/13 noted patient spoke to psychiatrist who recommended discontinuing Paxil. Patient reports persistent pain and inflammation. Exam showed cervical well healed incision, positive tenderness of paraspinals, decreased range of motion, and right hand with positive Tinel's and Phalen's tests. Treatment was a referral to hand surgeon regarding CTS, referral to psychiatry and MRI of cervical spine. The patient remained not working. Hand-written report of 2/28/14 from the provider noted the patient with chronic right wrist pain radiating up to cervical spine and sharp pain in the neck which was resolved with medications. Exam showed tenderness of the cervical paraspinals; right wrist with positive Tinel's and Phalen's tests. Diagnoses included cervical radiculitis/neuritis and status post cervical fusion of C5-7 on 1/11/11. Medications listed as Percocet, Colace, Doral, Naproxen, Flurbiprofen, Prilosec, and Oxycontin. The request for Doral 15mg Tablet #60 and Oxycontin 30mg ER #60 were non-certified on 3/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral 15mg Tablet #60:** Upheld

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

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

**Decision rationale:** Doral (Quazepam) is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Doral 15mg Tablet #60 is not medically necessary and appropriate.

**Oxycontin 30mg ER #60:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain, remaining TTD and off work since at least 2010. The Oxycontin 30mg ER #60 is not medically necessary and appropriate.

