

<b>Case Number:</b>	CM14-0078260		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 65-year-old female who reported an unknown injury on 01/05/2010. On 05/09/2014, her diagnoses included cervical radiculopathy, cervical spinal stenosis and cervical strain/disc disorder. Her medications included Advil 200 mg, Butrans 5 mcg/hr patch, gabapentin 100 mg and Prilosec 20 mg. She was awaiting a referral for physical therapy and had received a TENS unit on 04/04/2014 but was not instructed in how to properly use it or to turn it on. She was prescribed a trial of Lidoderm 5% patch and Norco 5/325 mg. There was no subsequent documentation regarding use of the TENS unit, the efficacy of the Lidoderm patch and/or the Norco or having begun physical therapy. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr one patch to skin every 7 days #4 between 5/6/14 and 8/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Butrans 5mcg/hr one patch to skin every 7 days #4 between 5/6/14 and 8/15/14 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after using the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. If these drugs do not satisfactorily reduce pain, opioids may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There is no documentation in the submitted chart regarding appropriate long term monitoring, side effects, failed trials of aspirin, antidepressants, or anticonvulsants or quantified efficacy. Additionally, the body part or parts to which the patch should have been applied was not specified. Therefore, this request for Butrans 5mcg/hr one patch to skin every 7 days #4 between 5/6/14 and 8/15/14 is not medically necessary.

**Prilosec 20mg capsule #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 109.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20mg capsule #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Prilosec, may be recommended but clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngopharyngeal reflux. The injured worker does not have any of the above diagnoses, nor does she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request does not medically necessary.