

<b>Case Number:</b>	CM14-0078308		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on May 5, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of neck pain and headaches. Current medications include Oxycodone, Relpax, Zofran, Zanaflex, and Duragesic patches. No physical examination was performed on this date. A previous physical examination dated May 29, 2014, indicates decreased sensation at the right index finger, middle finger, and ring finger. Diagnostic imaging studies of the cervical spine revealed a C5 - C6 and C6 - C7 disc osteophyte complex and a smaller disc bulge and facet hypertrophy at C3 - C4. Previous treatment includes the use of an H wave machine and oral medications. A request had been made for Oxycodone, Duragesic patches, and Relpax and was not certified in the pre-authorization process on June 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone, 15 mg, QTY: 75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 78, 93.

**Decision rationale:** The California MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Oxycodone is not medically necessary.

**Duragesic, 50 mcg per hour patch, QTY: 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 93.

**Decision rationale:** The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request for Duragesic patches is not medically necessary.

**Relpax, 40 mg, QTY: 9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head procedure.

**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/a603029.html>.

**Decision rationale:** Relpax is a selective serotonin receptor agonist used to treat migraine headaches which are sometimes accompanied by nausea and sensitivity to sound and light. The most recent progress note dated June 5, 2014 does not have a diagnosis of headaches. A prior notes dated May 29, 2014, does have a diagnosis of headaches however it is not stated that these are migraine type headaches. Considering this, the request for Relpax is not medically necessary.