

<b>Case Number:</b>	CM14-0097572		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, headaches, and depression reportedly associated with an industrial injury of November 28, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; opioid agent; earlier lumbar spine surgery; and trigger point injection therapy. In a Utilization Review Report dated May 23, 2014, the claims administrator partially certified a request for Percocet, for weaning purposes, approved Paxil, and denied Prilosec, and approved BuTrans patches. The applicant's attorney subsequently appealed. In a June 17, 2014 progress note, the applicant reported persistent complaints of pain, ranging from 8-9/10. The applicant had itching with medications, reportedly worsening. The applicant was on Percocet, Prilosec, Paxil, and BuTrans, it was acknowledged. Limited lumbar range of motion was noted. The applicant had a rash noted about the upper arms and back. BuTrans patches were endorsed, along with 50 tablets of Phenergan to combat opioid-induced nausea. Paxil and Percocet were also endorsed. The applicant was again described as having issues with rash, attributed to opioid therapy. On May 6, 2014, the applicant reported persistent complaints of 9/10 pain. The applicant stated that Percocet/oxycodone was the only article which had furnished any relief. The applicant was on Percocet, Prilosec, MiraLax, Colace, Paxil, and Lidoderm, it was acknowledged. BuTrans is apparently sought for the purposes of ultimately withdrawing the applicant from Percocet. The applicant did not appear to be working with permanent limitations imposed by a medical-legal evaluator. On October 22 2013, the applicant received trigger point injections into the cervical paraspinal musculature. The applicant was again reporting ongoing issues with itching, opioid-induced. The applicant was on Percocet, Prilosec, MiraLax, Colace, Paxil, Neurontin, and Lidoderm, it was acknowledged. Multiple medications were renewed.

Atarax was furnished to combat opioid-induced itching. Permanent work restrictions apparently imposed by an agreed-medical evaluator were renewed. The applicant did not appear to be working with the said limitations in place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 5/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic; When to Continue Opioids topic Page(s): 79; 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant seemingly meets none of the aforementioned criteria. The applicant is seemingly off of work. The attending provider has failed to recount any tangible improvements in function or decrements in pain achieved as a result of ongoing Percocet usage. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the presence of continuing pain with evidence of intolerable adverse effect should lead the attending provider to discontinue the offending opioid agent. In this case, the applicant is seemingly reporting ongoing issues with pruritus, a rash, and Percocet-induced nausea. The evidence of so many different adverse effects, coupled with the applicant's failure to demonstrate any tangible benefit with ongoing Percocet therapy, should lead the primary treating provider to discontinue the offending opioid, Percocet. For all the stated reasons, then, the request is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69; 7.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no clear description of any active symptoms of reflux, heartburn, and/or dyspepsia raised on any of the cited progress notes, either NSAID-induced or stand-alone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendation. In this case, the attending provider

seemingly renewed Prilosec from visit to visit, with no explicit mention of medication efficacy. Therefore, the request is not medically necessary.