

<b>Case Number:</b>	CM14-0197638		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 51 year old male who was injured on 6/14/2000. The diagnoses are cervicalgia, lumbago, lumbar radiculopathy, bilateral shoulders, knees and wrists pain, migraine, muscle spasm, neck and low back pain. There are associated diagnoses of depression and gastrointestinal reflux disease. The patient completed PT, cognitive behavioral therapy, lumbar facet rhizotomy and lumbar epidural injections. On 11/3/2014, [REDACTED] noted subjective complaint of low back pain radiating to the left lower extremity associated with numbness and tingling sensations. The pain score is rated at 6/10 on a 0 to 10 scale. There are objective findings of decreased range of motion of the lumbar spine, tenderness of the paraspinal area and decreased sensation along the left lower extremity dermatomes. The records show significant beneficial effects of past lumbar epidural and facet procedures but repeat procedures was not authorized in the past 1 year. The 10/6/2014 UDS was noted to be consistent. The medications listed are OxyContin, Wellbutrin, Lyrica, cyclobenzaprine, Treximet, Aciphex. A Utilization Review determination was rendered on 11/21/2014 recommending non certification for Drug screen, Treximet 85-500mg #30 2 refills, Aciphex DR 20mg #30 2 refills, cyclobenzaprine 10mg #90, OxyContin 12hour 10mg #30,

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 12/hr 10mg# 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation, and adverse interaction with other sedatives. The records indicate that the patient reports significant beneficial effects from the use of OxyContin. The patient is compliant with no aberrant behavior or adverse medication effects. The UDS is consistent. There is documentation functional restoration. The patient failed non opioid medications alternatives. The interventional pain procedures that had resulted in medications reduction in the past were not authorized. The criteria for the use of OxyContin 10mg #30 were met.

**Cyclobenzaprine 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4 weeks. The patient is utilizing opioids concurrently. The criteria for the use of cyclobenzaprine 10mg #90 were not met.

**Treximel 85-500mg # 30 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov) MTUS guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Headache

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that migraine medications can be utilized for the short term treatment of acute migraine attacks. The chronic use of abortive migraine medications is associated with the development of more frequent overuse and rebound headache. The records indicate that the patient is utilizing Treximet regularly on a daily basis. Treximet contains Sumatriptan and Naproxen. The criteria for the use of Treximet 85/500mg #30 2 refills was not met.

**Aciphex Dr 20mg # 30 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in patients with high risk factors of gastritis. The records indicate that this 51 year old had a history of symptomatic gastrointestinal reflux disease that is responding to treatment with Aciphex. The criteria for the use of Aciphex DR 20mg #30 with 2 refills were met.

**Drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compliance monitoring with Urine Drug Screens can be utilized randomly up to 3 times a year and additionally for presence of 'red flags' behaviors during chronic opioids treatment. The records indicate that the patient is on chronic opioid treatment. There is documentation of a consistent UDS on 10/6/2014. There is no documentation of aberrant behavior or 'red flag' sign. The patient was noted to be compliant. The criteria for Urine Drug screen were not met.