

<b>Case Number:</b>	CM14-0207638		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/23/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a patient with a date of injury of 7/23/03. A utilization review determination dated 12/1/14 recommends non-certification/modification of ranitidine, meloxicam, gabapentin, oxycodone, and in-office detox. 10/30/14 medical report identifies low back pain. Medications provide an appreciable degree of pain relief and allow a higher degree of daily function without any significant intoxication or sedation. Patient has been compliant with treatment and without aberrant behaviors or signs of diversion. Current medications include ranitidine, Flexeril, meloxicam, omeprazole, Dilaudid, gabapentin, oxycodone, atenolol, losartan, simvastatin, and trazodone. On exam, there are no abnormal findings noted. The provider offered the patient a trial of medication weaning with buprenorphine, but the patient is resistant to the idea. 11/26/14 medical report identifies that the patient has no desire to detox from the medication. He feels worse with every adjustment downwards and sees no reason why he should use less medication when the pain is treated by the medication. He does not want to be on oxycodone any longer because he wants Percocet because it works better and he wants 6 pills a day with Ambien and Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ranitidine 150mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Regarding the request for ranitidine, California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. In light of the above issues, the currently requested ranitidine is not medically necessary.

**Ranitidine 150mg with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Regarding the request for ranitidine, California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. In light of the above issues, the currently requested ranitidine is not medically necessary.

**Meloxicam 15mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for meloxicam, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested meloxicam is not medically necessary.

**Gabapentin 800mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) specific objective functional improvement attributed to use of this medication. In the absence of such documentation, the currently requested gabapentin is not medically necessary.

**5 Day in office detox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

**Decision rationale:** Regarding the request for in-office detox, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider recommended in-office detox but the patient is not interested in this option and there is no indication of any significant complications after a trial of weaning or another clear rationale for formal detoxification rather than gradual weaning. In the absence of such documentation, the currently requested in-office detox is not medically necessary.