

<b>Case Number:</b>	CM15-0108513		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on January 10, 2007, incurring neck and upper back injuries. He was diagnosed with cervical disc disease, cervical disc protrusion, and cervical radiculitis. Treatment included pain medications, muscle relaxants, sleep aides, physical therapy, neurology consultation, chiropractic sessions, and work restrictions and modifications. Currently, the injured worker complained of increased cervical pain and pain upon movement of the neck and head. He has pain with movement of the left arm and left hand. The treatment plan that was requested for authorization included a prescription for Oxycontin, generic Aciphex, Maxalt, one lumbar back support and insert and one Magnetic Resonance Imaging of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Oxycontin 40mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioid.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. The request is not medically necessary.

**One (1) prescription for generic AcipHex 20mg #30: Upheld**

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

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

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for Aciphex in the insured congruent with ODG.

**One (1) prescription of Maxalt 10mg #24: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, migraine.

**Decision rationale:** The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of a diagnosis of migraine headache. ODG supports sumatriptan for migraine headaches. In the absence of demonstrated diagnosis of migraine, sumatriptan would not be supported as medically necessary.

**One (1) MRI of lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 53, 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

**Decision rationale:** The medical records provided for review do not document the presence of abnormal neurologic findings such as weakness, sensory loss, reflex change, findings of myelopathy, or support for spine instability or document concern for malignancy or infection in support of meeting ODG guidelines for MRI of lumbar spine. ODG supports MRI in cases with neurologic deficit or suspicion of cancer, infection or other red flag issue. As the medical records do not document such findings, the records do not support the MRI. The request is not medically necessary.

**One (1) lumbar back support and insert: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lumbar brace Page(s): 308.

**Decision rationale:** The medical records do not indicate spinal fusion or other surgery with details regarding potential of spine instability. MTUS does not support lumbar supports in absence of demonstrated spine instability. As such, the medical records provided for review do not support medical necessity of lumbar support.