

<b>Case Number:</b>	CM15-0022174		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported an injury on 07/01/2009. The mechanism of injury involved a fall. The current diagnoses include pain in the soft tissues of the limb, malaise/fatigue, testicular hypofunction, and unspecified hypothyroidism. The injured worker presented on 01/13/2015 for a followup evaluation with complaints of persistent right arm pain. The injured worker reported constant burning pain with stiffness rated 7/10. The injured worker also reported neck pain and headaches. It was also noted that the injured worker had failed anti-inflammatory medication, hydrocodone, hydromorphone, methadone, morphine, oxycodone, Percocet, Robaxin, and Ultram ER. Upon examination, there were absent biceps reflexes on the right, absent triceps reflexes on the right, diminished motor strength in the right upper extremity, intact cervical range of motion, an antalgic gait, and an inability to test the right upper extremity secondary to reflex sympathetic dystrophy. The treatment recommendations at that time included discontinuation of Tylenol No. 4 and initiation of Duragesic 12 mcg. Recommendations also included continuation of Allegra 180 mg and omeprazole 20 mg. A Request for Authorization form was then submitted on 01/15/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Patch 12mcg #15: 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 Page(s): 44 and 74-82.

**Decision rationale:** The California MTUS Guidelines state Duragesic transdermal system is not recommended as a first line therapy. It is indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, it is noted that the injured worker has failed to respond to several opioid medications; however, it is also noted that the injured worker has utilized the above medication for an unknown duration without evidence of objective functional improvement. Ongoing urine toxicology reports documenting evidence of patient compliance and no aberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

**Urine drug screen 2 times in 12 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

**Allegra 180mg #30:** Upheld

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

**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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Fexofenadine. Fexofenadine is used to

relieve the allergy symptoms of seasonal allergic rhinitis ("hay fever"), including runny nose; sneezing; red, itchy, or watery eyes; or itching of the nose, throat, or roof of the mouth in adults and children 2 years of age and older. It is also used to relieve symptoms of urticaria (hives; red, itchy raised areas of the skin), including itching and rash in adults and children 6 months of age and older. Fexofenadine is in a class of medications called antihistamines. It works by blocking the effects of histamine, a substance in the body that causes allergy symptoms.

**Decision rationale:** According to the U.S. National Library of Medicine, Allegra is used to relieve the allergy symptoms of seasonal allergic rhinitis. In this case, the injured worker does not maintain a diagnosis of allergic rhinitis or urticaria. The medical necessity for an antihistamine has not been established in this case. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

**Omeprazole 20mg #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for a proton pump inhibitor has not been established in this case. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.