

<b>Case Number:</b>	CM15-0052891		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Washington

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:

The injured worker is a 61-year-old male who reported injury on 08/15/2009. The mechanism of injury included a customer was leaving the store, stealing a case of beer. The injured worker ran into him and tried to hold onto him and, to keep from falling, hit his back on a wheelchair. The injured worker underwent a right elbow capsulotomy and foraminotomy and an ulnar neurolysis. The diagnoses included joint contracture upper arm, lumbosacral neuritis NOS, spinal stenosis lumbar, local osteoarthritis NOS left leg, sprain elbow and forearm NOS, chondromalacia patellae, and chronic pain syndrome. The injured worker underwent physical therapy. The injured worker underwent urine drug screens. The injured worker had a narcotic agreement on file. The injured worker was noted to be utilizing the requested medications since at least 09/2014. Prior surgeries also included bilateral total knee replacements and a right knee arthroscopy with joint debridement. The documentation of 03/09/2015 revealed the injured worker had pain in the cervical, thoracic, and lumbar spine, bilateral elbows, bilateral knees, and bilateral lower extremities. The injured worker indicated walking made the pain worse. Without medications, the pain level was 9/10, and with medications, it was 4/10. The injured worker indicated he had 50% pain relief. The omeprazole was noted to help with heartburn. The gabapentin helped with muscle spasms and cramps. The OxyContin and Percocet helped with pain and the Colace helped with constipation. The injured worker requested a refill. The documentation indicated the injured worker had a narcotic agreement on file and did not exhibit aberrant drug behavior. The injured worker's urine drug screens were appropriate. The physician documented there would be an attempt to wean narcotics once the injured worker finished

physical therapy. There was to be a continuation of gabapentin 300 mg 1 by mouth 3 times a day, OxyContin 80 mg 1 by mouth 3 times a day, Percocet 10/325 mg every 4 hours as needed for pain, docusate 100 mg for constipation, and omeprazole 20 mg for GI upset. There was a Request for Authorization submitted for review dated 03/11/2015.

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

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

**Oxycontin 80 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the daily morphine equivalent dosing will be 420 mg, which exceeds 120 mg maximum dosing per day. The documentation indicated the injured worker's pain level was decreased. However, the objective functional benefit was not provided. The injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycontin 80 mg #90 is not medically necessary.

**Percocet 10/325 mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the daily morphine equivalent dosing will be 420 mg, which exceeds 120 mg maximum dosing per day. The documentation indicated the injured worker's pain level was decreased. However, the objective functional benefit was not provided. The injured worker was being monitored for aberrant drug behavior and side effects. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #180 is not medically necessary.

**Omeprazole 20 mg #30:** 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 Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had GI upset. The documentation indicated the omeprazole was helpful for heartburn. This request would be supported; however, as the other medications were found to be not medically necessary, including the Percocet and OxyContin, this medication would not be medically necessary. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #30 is not medically necessary.

**Gabapentin 300 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation antiepilepsy drugs.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 300 mg #90 is not medically necessary.