

<b>Case Number:</b>	CM15-0058238		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 64-year-old female who reported an injury on 08/09/2001 due to an unspecified mechanism of injury. On 03/18/2015, the injured worker presented for an evaluation of her right arm pain. It was noted that she had been authorized for a surgery to the elbow. It was stated that the injured worker did not stop using her Vimovo and it was noted that her husband stated she was not instructed to. Her pain level was reported a 10/10 without medication and an 8/10 with medication. Her medications include baclofen tablets 10 mg one 3 times a day, fentanyl transdermal system one 12 mcg patch every 72 hours, gabapentin capsules one 300 mg capsule 3 times a day, Pepcid 1 tablet 20 mg once a day, Percocet tablets 10/325 mg tablets 3 times a day, Topamax 1 tablet 50 mg every night, Vimovo one 500/20 mg twice a day and Ultracin 4 times a day to the affected area. On examination, the right arm was noted to be in a sling. No other objective clinical findings were noted. She was diagnosed with pain in the joint, opiate type dependency and encounter for therapeutic drug use. It was recommended that she continue with her medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker was having a significant decrease in her pain scores or an objective improvement in function with this medication to support its continuation. Her pain was noted to still be within the severe range even after taking her medications, and therefore, efficacy of this medication is not supported. Also, no official urine drug screens or CURES reports were provided to validate that she has been compliant with her medication regimen. Without this information, the request is not supported. Also, the frequency of the medication was not stated within the request. As such, the request is not medically necessary.

**Fentanyl patch 12mg/hr, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 93.

**Decision rationale:** According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker was having a significant decrease in her pain scores or an objective improvement in function with this medication to support its continuation. Her pain was noted to still be within the severe range even after taking her medications, and therefore, efficacy of this medication is not supported. In addition, there was no indication that the injured worker required around the clock opiate medications. Also, no official urine drug screens or CURES reports were provided to validate that she has been compliant with her medication regimen. Without this information, the request is not supported. Also, the frequency of the medication was not stated within the request. As such, the request is not medically necessary.

**Gabapentin 300mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The California MTUS Guidelines indicate that gabapentin is recommended as a first line therapy medication for the treatment of neuropathic pain. The documentation provided does not indicate that the injured worker is suffering from neuropathic pain to support the medical necessity of this request. Also, there is no indication that she had an objective improvement in function and it was noted that her continued to be in the severe range, even after taking her medications. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Baclofen 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasticity drugs Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended for the short term treatment for low back pain. The documentation provided does not indicate that the injured worker was suffering from low back pain and it is unclear how long she has been using this medication. Also, her pain was noted to still be within the severe range, even after taking the medication, and there was no evidence of an objective improvement in function. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Pepcid 20mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAIDs therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker had GI upset secondary to her medication use or that she was at high risk of gastrointestinal events due to NSAID therapy. Also, the frequency and quantity of the medication was not specified within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Topamax 50mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**Decision rationale:** The California MTUS Guidelines indicate that Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of a central etiology. It is still considered for the use of neuropathic pain when other anticonvulsants fail. The documentation submitted does not indicate that the injured worker is suffering from neuropathic pain to support the medical necessity of this request. Also, there is a lack of documentation showing that she has had an objective improvement in function and her pain was noted to still be in the severe range, even after using the medication. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Vimovo 500/20 (esomeprazole magnesium 20mg/naproxen 500mg), #60:** 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-TWC), Pain Procedure Summary, online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for the short term treatment of acute exacerbations in those with low back pain or osteoarthritis and tendinitis. It is also indicated that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation submitted for review fails to show that the injured worker is having a significant decrease in pain or an objective improvement in function with this medication to support its continuation. Also, it is unclear how long the injured worker has been using this medication and without this information, continuing would not be supported as NSAIDs are only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request and there was no indication that the injured worker was at high risk for gastrointestinal events due to her medication use or that she reported GI upset. Therefore, the request is not supported. As such, the request is not medically necessary.