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| <b>Case Number:</b>   | CM14-0106113 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 03/08/2013 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 06/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old female who reported injury on 03/08/2013. The mechanism of injury was the injured worker fell backwards on an uneven surface during baton training. The prior treatments included medication, physical therapy, home exercise program, and chiropractic treatment. The injured worker previously underwent an MRI of the thoracic, lumbar, and cervical spine as well as electrodiagnostics of the bilateral lower extremities. The injured worker's medication history included opiates, muscle relaxants, benzodiazepines, PPIs, and NSAIDs as of early 2013. The documentation of 05/22/2014 revealed the injured worker had complaints of neck pain, lumbar pain, and bilateral leg pain. The injured worker indicated she had been taking her medications regularly and tolerated them well. The injured worker indicated that the medications helped take the edge off of the pain. The physical examination revealed the injured worker had difficulty performing a heel/toe walk due to low back pain. The axial head compression and Spurling sign were positive bilaterally. There was severe cervical paraspinous muscle tenderness and spasms extending to both trapezii. There was severe midthoracic pain and spasms to the thoracic spine paravertebral in T6-9 levels. There was moderate to severe low back pain in the lumbar paraspinous muscles with severe facet tenderness. There was pain in all lumbar spine motions. There was decreased sensation in the bilateral L4 dermatomes. The diagnoses included cervical, thoracic, and lumbar disc disease; cervical, thoracic, and lumbar radiculopathy; lumbar facet syndrome; and bilateral facet arthropathy. The treatment plan included a refill of Oxycodone 10 mg 1 by mouth every 4 to 6 hours #120, Flexeril 7.5 mg 1 by mouth 3 times a day #90, quazepam 15 mg 1 by mouth at bed time #30, Protonix 20 mg 1 by mouth daily #30, Motrin 800 mg 1 by mouth twice a day #60 and Duragesic patches 100 mcg every 72 hours #10. There was a detailed DWC form RFA submitted with the paperwork for the requested medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Oxycodone 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**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 MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated, the injured worker had utilized the medication since at least early 2013. There was a lack of documentation of the above criteria. The oral morphine equivalents per day would equal 300 mg which exceeds the guideline recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 10 mg #120 is not medically necessary

### **Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 63, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment for acute pain. The duration of use should not exceed 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least early 2013. The request as submitted failed to indicate the frequency for the requested medication. The objective functional benefit was not provided. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for Flexeril 7.5 mg #90 is not medically necessary.

### **Quazepam 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for the treatment of chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical information submitted for review indicated the injured worker had utilized the medication since at least early 2013. There was a lack of documentation of objective functional benefit. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for quazepam 15 mg #30 was not medically necessary.

**Protonix 20mg #30:** 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).

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of dyspepsia. The clinical documentation indicated the injured worker had utilized the medication since at least early 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg #30 is not medically necessary.

**Duragesic Patches 100mcg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44.

**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 MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had utilized the classification of medications since at least early 2013. There was a lack of documentation of the above criteria. The oral morphine equivalents per day would equal 300 which exceeds the guideline recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Duragesic patches 100 mcg #10 is not medically necessary.