

<b>Case Number:</b>	CM14-0017313		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 and 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 58-year-old female who reported an injury on 08/10/1995. The injured worker's treatment history included radiofrequency ablation, multiple medications, and Toradol injections. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/15/2014. It was documented that the injured worker had 7/10 pain with medications. The injured worker's medication schedule included duragesic patches, Lexapro, naproxen sodium, oxycodone, B12 injections, and Xanax. Physical findings included tenderness to palpation in the paraspinal musculature with restricted range of motion secondary to pain. The injured worker's diagnoses included low back pain, degenerative disc disease of the lumbar spine. The injured worker's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DURAGESIC 100MCG TRANSDERMAL PATCH: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Ongoing Management Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is regularly monitored for aberrant behavior with urine drug screens that are consistent with the injured worker's medication schedule. The clinical documentation does indicate that the injured worker has 7/10 pain with medications. However, there is no documentation of functional benefit as a result of medication usage. Therefore, ongoing use of this medication would not be supported. Additionally, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for Duragesic 100 mcg Transdermal Patch is not medically necessary or appropriate.

**OXYCODONE 30MG TABLET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is regularly monitored for aberrant behavior with urine drug screens that are consistent with the injured worker's medication schedule. The clinical documentation does indicate that the injured worker has 7/10 pain with medications. However, there is no documentation of functional benefit as a result of medication usage. Therefore, ongoing use of this medication would not be supported. Additionally, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Oxycodone 30 mg tablets are not medically necessary or appropriate.

**LEXAPRO 20MG TABLET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Depressants Page(s): 60 and 1.

**Decision rationale:** California Medical Treatment Utilization Schedule does recommend antidepressants as a first-line medication in the management of chronic pain. The California Medical Treatment Utilization Schedule also recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence

of pain relief. The clinical documentation submitted for review does not provide any evidence of emotional deficits that would require treatment with this medication. Additionally, there is no documentation of functional benefit as a result of this medication. Although the injured worker's most recent physical examination documents that the injured worker has 7/10 pain with medications ongoing use would not be supported. Also, the request as it is submitted does not identify a quantity or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lexapro 20 mg tablets are not medically necessary or appropriate.