

<b>Case Number:</b>	CM14-0080992		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/03/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported injury on 07/03/2008 due to unspecified cause of injury. The injured worker had a history of lower back pain that radiated to the bilateral lower extremities, bilateral hips, and bilateral buttocks. The injured worker had diagnoses of spinal stenosis to the lumbar region without neurogenic claudication, incontinence without sensory awareness, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome lumbar region, and thoracic/lumbosacral neuritis/radiculitis unspecified. The MRI of the lumbar spine dated 05/03/2013 revealed stable appearing postoperative change that included posterior metallic fixation at the L3-4 level, narrowing of the spinal canal with superimposed persistent abnormal disc contour, and facet hypertrophic changes. Focal disc protrusion noted at the L4-5. The past treatments included injections, x-rays, medication, urine drug screens, a walker, and a wheelchair. The objective findings dated 05/20/2014 of the cervical musculoskeletal revealed range of motion intact. The range of motion at the lumbar was within normal limits with a flexion of 90 degrees, rotation 45 degrees, straight leg raising positive on the right at approximately 50 degrees, and sacroiliac distraction test was negative bilaterally. Coordination and gait within normal limits, unable to perform the heel walk or toe walk; and the right lower extremity noted with atrophy. The medications included promethazine 25 mg, Nucynta ER 150 mg, Doxepin 50 mg, Restoril 15 mg, and Roxicodone 30 mg. The injured worker rated her pain at 10/10 using the VAS (visual analog scale). The treatment plan included medication increased, request for psych evaluation clearance, and pain pump. The Request for Authorization dated 05/20/2014 was submitted with documentation. The rationale for the Oxycontin, Phenergan, MS Contin, Restoril, and Doxepin was to assist with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to discontinue Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 75, 86; 78.

**Decision rationale:** The request for Roxicodone 30mg #120 is not medically necessary. The California MTUS guidelines recommend opioids for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes indicate the injured worker is taking Roxicodone 30 mg 4 times a day and MS Contin 60 mg 2 times a day which exceeds the 120 mg oral morphine daily equivalents for cumulative dose. The request did not indicate the frequency. As such, the request is not medically necessary.

**MS Contin 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to discontinue Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** The request for MS Contin 60mg #60 is not medically necessary. The California MTUS guidelines recommend opioids for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes indicate the injured worker is taking Roxicodone 30 mg 4 times a day and MS Contin 60 mg 2 times a day which exceeds the 120 mg oral morphine daily equivalent for cumulative dose. The request did not indicate the frequency. As such, the request is not medically necessary.

**Restoril 15mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** The request for Restoril 15mg #60 is not medically necessary. The California MTUS indicate that benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non benzodiazepines for the treatment of spasm. The request did not indicate the frequency. The guidelines do not recommend benzodiazepines due to the rapid development of tolerance and dependence. As such, the request is not medically necessary.

**Doxepin 50mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** The request for Doxepin 50mg, #60 is not medically necessary. The California MTUS indicate that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The clinical notes indicate that the injured worker had declined in function. The request did not address the frequency. As such, the request is not medically necessary.

**Phenergan 25mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Labeling Information for Phenergan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) anti-emetic.

**Decision rationale:** The request for 1 prescription of Phenergan 25mg #20 is not medically necessary. The Official Disability Guidelines do not recommend Phenergan. This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Per the guidelines, Phenergan is not recommended. It is only recommended preoperative and postoperative situations. The clinical note did not indicate that the injured worker was a post or preoperative candidate. As such, the request is not medically necessary.