

<b>Case Number:</b>	CM15-0049187		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/23/2003
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 male who sustained an industrial injury on 07/23/2003. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar or lumbosacral disc degeneration, chronic pain syndrome, osteoarthritis of pelvic region and thigh, dysthymic disorder, myalgia and myositis, sleep disturbance and encounter for long term use of medications. Treatment to date has included diagnostic studies, medications, acupuncture, and physical therapy. A physician progress note dated 02/19/2015 documents the injured worker has an ongoing history of chronic diffuse low back pain. It has been present for a period of many years from an industrial accident. He was crushed between two trucks. His pain is typically severe without treatment on a regular basis. His pain is describes as an aching and stabbing sensation in the primary area of discomfort. The pain is partially relieved by the use of analgesic medications and various types of injection therapy. The March 19, 2015 Progress Report noted that he reported pain, but it is appreciably lessened by his current treatment regimen, and he has a higher degree of functionality with medications without any significant adverse effects from his medications. However, there was no quantitative level of pain identified for comparative purposes. Treatment requested is for 1 prescription of Flexeril 10mg #90 with 3 refills, 1 prescription of Gabapentin 800mg #90 with 3 refills, 1 prescription of Meloxicam 15mg #30 with 3 refills, 1 prescription of Omeprazole 20mg #30 with 3 refills, 1 prescription of Oxycodone HCL 15mg #120 with 3 refills, 1 prescription of Ranitidine 150mg #60 with 3 refills, 1 urine drug screen, and unknown Botox injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Botox injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

**Decision rationale:** According to the California MTUS Guidelines, although Botox may be recommended for cervical dystonia, there is no indication for use in chronic pain disorders. The submitted documentation did not identify the injured worker is having appropriate diagnosis for the use of Botox injection. Additionally, the physician has failed to indicate the location of the injection to be administered. Therefore, the unknown Botox injection was determined to be not medically necessary at this time.

**1 urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** As the injured worker was still identified as utilizing opioids for pain relief, the California MTUS Guidelines indicate that random scheduled urine drug screens are appropriate for confirmation of medication compliance. Although it was noted that the injured worker was in the process of weaning off of his opioids, and clarification that he was not participating in aberrant drug taking behaviors, the request would be considered medically appropriate. Therefore, the 1 urine drug screen is medically necessary.

**1 prescription of Oxycodone HCL 15mg #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Ongoing use of opioids must be supported with significant improvement in pain reduction and overall functional improvement. The clinical documentation dated 03/19/2015 reported the injured worker had continued pain from previous complaints and unchanged exam findings. He also reported a new onset of pain without evidence that the

current medication regimen which included his opioids had been functionally beneficial for reducing his symptoms. The oxycodone had also previously been modified for 90 tablets to allow for weaning purposes. Therefore, without having a thorough rationale for continuing to utilize the oxycodone at the same milligram without identification of significant reduction of symptoms and overall improvement, as well as indication that the medications were to be weaned from use, the current request cannot be considered medically appropriate. Therefore, the 1 prescription of oxycodone HCl 15 mg 120 tablets with 3 refills is not medically necessary.

**1 prescription of Flexeril 10mg #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The California MTUS Guidelines indicate that long term use of Flexeril is not recommended. Typically the use of this medication is for short term use between 2 to 3 weeks. The clinical documentation has identified the injured worker has having been utilizing this medication for several weeks without identification of significant reduction in symptoms. The request cannot be supported as the current prescription. Therefore, the 1 prescription of Flexeril 10 mg #90 with 3 refills is not medically necessary.

**1 prescription of Meloxicam 15mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Regarding the meloxicam, the California MTUS Guidelines indicate that the use of meloxicam is for signs and symptoms of osteoarthritis utilized at the lowest effective dose for the shortest duration possible. Although the prior request had been certified while the patient was weaning off of us his opioids, there was no indication that the ongoing use of the medication had been effective in reduction his symptoms or that the injured worker was to continue with the weaning process in order to necessitate ongoing use of the meloxicam. Therefore, without a more thorough rationale for the intended use of this medication and whether or not it was effective in reducing his symptoms, the request is not considered medically necessary at this time.

**1 prescription of Omeprazole Dr 20mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to the California MTUS Guidelines, although ongoing use of the omeprazole may be warranted while the patient continues to taper off of his other oral medications, an additional 3 refills would not be considered medically necessary as there was no indication that the remainder of his medications will be authorized. Although the use of this medication had been effective in reducing his gastrointestinal issues while utilizing his oral NSAIDs and other medications, the current request cannot be supported. Therefore, 1 prescription of omeprazole DR 20 mg #30 with 3 refills is not medically necessary.

**1 prescription of Ranitidine 150mg #60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ranitidine.html>.

**Decision rationale:** The online website, drugs.com, was referred to in this case as the California MTUS and ACOEM, as well as Official Disability Guidelines do not specifically address ranitidine. The use of this medication is to prevent ulcers in the stomach and to treat conditions related to gastroesophageal reflux disease. The injured worker had been utilizing this medication alongside omeprazole to prevent GI upset while utilizing other oral medications. However, there was no rationale for necessitating 2 different medications to warrant ongoing use of the medication. Therefore, the prescription of ranitidine 150 mg #60 with 3 refills is not considered medically necessary.

**1 prescription of Gabapentin 800mg #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin) Page(s): 49, 67.

**Decision rationale:** The documentation indicated that the injured worker had been utilizing this medication without significant change in his symptoms which had included no overall functional benefit. He furthermore identified having a new onset of pain on his assessment dated 02/19/2015. No quantitative level of pain was identified on the most recent assessment date of 03/19/2015. Therefore, ongoing use of the gabapentin cannot be supported at this time. Therefore, the request for 1 prescription of gabapentin 800 mg #90 with 3 refills is not considered medically necessary.