

<b>Case Number:</b>	CM13-0017508		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, arm, and low back pain with derivative headaches, depression, and anxiety reportedly associated with an industrial injury of December 21, 2006. The applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of psychological counseling; epidural steroid injection therapy; long and short acting opioids; one-level lumbar fusion surgery; and multilevel cervical fusion surgery. In a utilization review report of August 2, 2013, the claims administrator approved a request for Skelaxin, denied a request for MS Contin, and partially certified a request for Percocet, seemingly for weaning purposes. The applicant's attorney subsequently appealed. A September 12, 2013 progress note is notable for comments that the applicant reports persistent pain complaints. The applicant states that his pain continues to gradually worsen. The applicant is on Lyrica, Percocet, MS Contin, Cymbalta, Skelaxin, and Celebrex. The applicant was described as carrying diagnosis of failed back syndrome, history of lumbar fusion, cervical radiculopathy, failed neck surgery, allodynia, depression, and erectile dysfunction. The applicant is asked to continue all previously prescribed medications. Additional physical therapy was sought. In an earlier note of August 22, 2013, the applicant was described as reporting persistent 8/10 neck and low back pain. The applicant was described as also having ongoing issues with depression and was reportedly in marked discomfort. The applicant maintained, however, that usage of the pain medications was allowing him to be more active and take care of his children. Limited lumbar and cervical range of motion were nevertheless noted. Several medications were refilled and/or continued, including morphine, Percocet, Lyrica, Skelaxin, and Cymbalta. The applicant reported a high level of interference with activities of

daily living in terms of relationships, work, concentration, mood, sleep, and overall functioning. It was further stated that the applicant had significant issues with depression.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF PERCOCET 10/325MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

**Decision rationale:** As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain archived as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant is off of work. The applicant reports high levels of interference in terms of performance of activities of daily living, including interference of the relationships, work, concentration, mood, sleep, and other forms of functioning. It does not appear that the applicant has in fact profited from earlier ongoing opioid therapy. Therefore, the request is not certified.

#### **1 PRESCRIPTION OF MS CONTIN 50MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

**Decision rationale:** MS Contin is an opioid. The applicant does not clearly meet criteria set forth on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant's ability to function in terms of non-work activities of daily living is diminished, not improved, despite ongoing opioid therapy. Continuing opioids, on balance, is not, consequently, indicated. Accordingly, the request is not certified, on independent medical review.