

<b>Case Number:</b>	CM13-0019316		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 physician 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 patient is a 70-year-old female who reported an injury on 07/14/2003. Her diagnosis is right-sided thoracic facet pain. Her medications were noted as occasional oxycodone, OxyContin 10 mg up to twice per day, she stopped her hydrocodone, and she takes lorazepam 1 per day, Flexeril 20 mg, and Colace. In his 08/05/2013 office note, [REDACTED] stated the patient's pain in her mid back from her industrial industry was completely gone. He specified that she had reported 100% pain relief and her pain score was 0/10 following her 06/11/2013 right radiofrequency medial branch neurotomy at T9-10 and T10-11, which [REDACTED] stated confirmed the diagnosis of thoracic facet pain. It was noted that she would decrease her pain medications. It was also stated that she was sleeping better, walking further, and sitting better, and reported feeling the best that she had in years. Objective findings included that she was sitting comfortably, was able to move at her thoracic spine without any discomfort, and her grip strength was noted as 5/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use: When to discontinue Opioids Page(s): 79.

**Decision rationale:** The patient's medications in the most recent office note were listed as occasional oxycodone, OxyContin 10 mg up to twice per day, lorazepam 1 per day, Flexeril 20 mg, and Colace. It was stated that she stopped her hydrocodone. Additionally, she was noted to have 100% pain relief and a pain score of 0/10, and a plan stated she was to decrease her pain medications. Moreover, there were no significant objective findings documented. According to California MTUS Guidelines regarding the criteria for use of opioids, it is stated that opioids should be discontinued with the resolution of pain. As the documentation states the patient's pain has resolved, and that she was to decrease her pain medications, the request for OxyContin 10mg #60 is not supported. Therefore, the request is non-certified.

**Hydrocodone 5/500mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for use: When to discontinue Opioids Page(s): 79.

**Decision rationale:** The patient's most recent office note stated that she stopped her hydrocodone. Additionally, she was noted to have 100% pain relief and a pain score of 0/10, and a plan stated she was to decrease her pain medications. Moreover, there were no significant objective findings documented. According to California MTUS Guidelines regarding the criteria for use of opioids, it is stated that opioids should be discontinued with the resolution of pain. As the documentation states the patient's pain has resolved, and that she had stopped taking hydrocodone, the request is not supported. Therefore, the request is non-certified.

**Naproxen 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** According to California MTUS Guidelines, naproxen is a non-steroidal anti-inflammatory drug used for the relief of the signs and symptoms of osteoarthritis. The documentation provided for review has the patient's diagnosis as right-sided thoracic facet pain, which was stated on 08/05/2013 to be resolved following her 06/11/2013 right radiofrequency medial branch neurotomy at T9-10 and T10-11. Additionally, there was no documented diagnosis of osteoarthritis or symptoms consistent with osteoarthritis; therefore, the request for naproxen is not supported. For this reason, the request is non-certified.