

<b>Case Number:</b>	CM13-0034740		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/18/2006
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work first claimed on October 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications, including short and long-acting opioids; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to his former work as a correctional officer following the imposition of said permanent work restrictions. In a utilization review report of October 3, 2013, the claims administrator partially certified a request for Oxycodone and Opana for weaning purposes and non-certified request for topical Lidoderm patches. The applicant's attorney later appealed, on October 10, 2013. A September 4, 2013 progress note is notable for comments that the applicant reports persistent low back pain. He is on Ativan, Prevacid, Soma, Lidoderm, Lunesta, Opana, Oxycodone, and Senna. The applicant remains permanent and stationary, it is stated. He has given refills of Oxycodone, Opana, and Lidoderm. It is stated that the applicant can only do four hour work shifts. These limitations are unchanged as compared to a prior note of June 3, 2013, at which point said medications were again refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone, 15mg, QTY 480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduce pain effected through prior opioid usage. In this case, however, there is no evidence that any of the aforementioned criteria have been met. It does not appear that the applicant has returned to work with permanent restrictions in place. The applicant's work restrictions are unchanged from visit to visit, it is further noted. The progress notes provided do not make any mention of improved function or reduced pain effected as a result of ongoing Oxycodone usage. Therefore, the request is not certified.

**Opana 10mg, QTY 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Again, as with the Oxycodone, it is not evident that the applicant has met the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence of successful return to work, improved function, and/or reduced pain affected through prior Opana usage. Therefore, the request remains non-certified, on Independent Medical Review.

**Lidoderm 5%, QTY 300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of neuropathic pain in those individuals in whom first-line antidepressants and/or anticonvulsants have been trialed and failed. In this case, however, there is no evidence that antidepressants and/or anticonvulsants have been tried and failed. It is further noted that the applicant has been on this drug, Lidoderm, chronically, and failed to effect any functional improvement as defined in section 9792.20F through prior usage of the same. The applicant does not appear to have returned to work. The applicant's permanent work restrictions are seemingly unchanged from visit to visit. The applicant seemingly remains highly reliant on various medical treatments and medications. All

of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20F.