

<b>Case Number:</b>	CM13-0051890		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in 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 52-year-old male who reported an injury on 05/01/2002. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbago, cervical pain/cervicalgia, ankle pain, and reflex sympathetic dystrophy in the lower limb. The patient was seen by the provider on 09/16/2013. The patient reported persistent pain. Physical examination revealed tenderness to palpation in bilateral upper extremities, positive Tinel's and Phalen's bilaterally, tenderness to palpation of the lower extremities, painful midline and paraspinal muscles, tenderness in the lower lumbar paraspinal muscles, painful range of motion, and intact sensation. The treatment recommendations included continuation of current medication, including methadone, omeprazole, OxyContin, and Roxicodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30 mg #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Documentation of a significant change in the patient's physical examination, indicating functional improvement, was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**OxyContin 80 mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Documentation of a significant change in the patient's physical examination, indicating functional improvement, was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Methadone 10 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 74-82.

**Decision rationale:** The California MTUS Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Documentation of a significant change in the patient's physical examination that would indicate functional improvement was not provided. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.