

<b>Case Number:</b>	CM13-0057108		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 knee, low back, and elbow pain reportedly associated with an industrial injury of May 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; a cane; earlier knee arthroscopy; earlier elbow surgery; and extensive periods of time off of work. In a Utilization Review Report dated November 7, 2013, the claims administrator denied a request for OxyContin and Percocet. The applicant's attorney subsequently appealed. In a November 20, 2013 progress note, the applicant presented with persistent complaints of low back pain, elbow pain, and knee pain. The applicant's case and care were complicated by comorbid diabetes and hypertension, it was acknowledged. The applicant is using metformin, unspecified blood pressure lowering medication, Percocet, OxyContin, and Lidoderm patches, it was acknowledged. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had a court order that reportedly authorized all future prescriptions for the medications in question. The attending provider then stated that Percocet and OxyContin were generating appropriate pain relief and improving the applicant's ability to dress himself and perform activities of self care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 OxyContin 60mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider reports that the applicant is able to dress himself and perform other activities of self care and personal hygiene. It represents marginal to minimal improvement in terms of performance of activities of daily living, do not appear to be meaningful, and/or outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

**120 Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has not elaborated or expounded upon what activities of daily living have been ameliorated as a result of ongoing opioid therapy, with the exception of self-care and personal hygiene, which appear to be negligible benefits that are outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.