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| <b>Case Number:</b>   | CM14-0006057 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 11/08/2008 |
| <b>Decision Date:</b> | 06/12/2014   | <b>UR Denial Date:</b>       | 12/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2014 |

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 51-year-old female who was injured on November 8, 2008. The claimant is documented as being treated for bilateral neck pain radiating to the shoulder, bilateral low back pain, and left knee pain. The claimant's current medical issues include hypertension, sarcoidosis, and asthma in addition to the pain complaints noted below. In the progress note dated January 14, 2014, the claimant is documented as having tenderness to palpation of the left knee and the lumbar paraspinous muscles as well as the lumbar facet joints from L3-S1. The claimant is documented as having restricted range of motion in both lower extremities secondary to pain. Lumbar range of motion was also restricted and was worse with extension. Cervical range of motion is documented as being restricted by pain as well. Lumbar discogenic provocative maneuvers are positive. Additionally, there is documentation of lumbar muscle spasm. The claimant is documented as being status post left total knee arthroplasty. The clinician appeals the previous denial noting that the medications provide 90% improvement of the claimant's pain with maintenance of ADLs. Previous conservative measures have included utilization of a TENS unit, naproxen, antiepileptic drugs, facet joint injections, and a facet neurotomy. A previous clinic note from April 2, 2013 indicates that claimant's pain is reduced from 8/10 to 2/10 with use of the OxyContin and Oxycodone. OxyContin 80 mg 3 times daily and Oxycodone 30 mg twice daily was prescribed. This would represent a total MED of 450 if taken as prescribed. The utilization review following this clinical note indicates that the high MED warranted an attempt at tapering the opiate medications starting with the short release Oxycodone. Additionally, the claimant is documented as utilizing Soma on a chronic basis. An MRI of the cervical spine from August 2012 is documented as showing degenerative disc disease at C5-6, but no neuroforaminal narrowing. Multiple subsequent clinical documents indicate that weaning was not initiated. The utilization review in question was rendered on December 19, 2013. The reviewer denied the

requests for OxyContin noting a lack of qualified objective evidence of pain relief and functional improvement as outlined by the guideline recommendations. The reviewer indicates that previous reviews had determined the same and recommended initiating weaning of the medication starting on April 9, 2013. The combination of OxyContin Oxycodone provided exceeds the 120 MED recommendation and if taken as prescribed would represent an MED of 195. The reviewer references the California MTUS guidelines for continuing opioid management.

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

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

**OXYCONTIN 30MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The California MTUS supports the use of opiate pain medication and management of chronic pain including neuropathic pain. Based on clinical documentation provided, the claimant does have subjective complaints of neuropathic type pain. However, when taking into account the significant amount of medication that this individual is utilizing, specifically, an MED of 450, the request is considered not medically necessary. This amount is almost four times the recommended amount of opiate medication for someone who does not have a terminal illness. Additionally, the clinician fails to meet criteria as outlined by the California MTUS for ongoing management including addressing the 4 A's. As such, the request is considered not medically necessary.

**OXYCODONE 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The California MTUS supports the use of opiate pain medication and management of chronic pain including neuropathic pain. Based on clinical documentation provided, claimant does have subjective complaints of neuropathic type pain. However, when taking into account the significant amount of medication that this individual is utilizing, specifically, an MED of 450, the request is considered not medically necessary. This amount is almost four times the recommended amount of opiate medication for someone who does not have a terminal illness. Additionally, the clinician fails to meet criteria as outlined by the California MTUS for ongoing management including addressing the 4 A's. Prior recommendations for weaning were made up to eight months before the utilization review in

question. This was not specifically addressed by the provider and the dosage remained unchanged. Secondary to this, consideration of withdrawal is not taken into account and no recommendation for weaning is made. As such, the request is considered not medically necessary.