

<b>Case Number:</b>	CM14-0102441		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 neck, wrist, and bilateral foot pain reportedly associated with an industrial injury of December 1, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; multiple foot surgeries; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 26, 2014, the claims administrator failed to approve a request for OxyContin. The applicant's attorney subsequently appealed. In a work status report dated January 7, 2014, the applicant was placed off of work, on total temporary disability. In a November 19, 2013 progress note, the applicant reported persistent complaints of foot pain status post recent neuroma excision surgery on November 6, 2013. The applicant was using Lidoderm, Ambien, MiraLax, Senna, Phenergan, Voltaren, OxyContin, Norco, and Soma, it was acknowledged at that point in time. The applicant was somewhat overweight, with a BMI of 28. The applicant was asked to continue OxyContin for baseline pain control and employ Elavil as an adjuvant medication. Norco was temporarily increased for heightened pain complaints. Soma and Lidoderm patches were also endorsed. On April 15, 2014, the applicant again received refills of Elavil, Soma, Norco, and OxyContin. The applicant was permanent and stationary, it was noted. On May 13, 2014, the applicant reported multifocal neck, bilateral wrist, and bilateral foot pain. The applicant stated that her medications were working well. It was not quantified, however. The applicant was asked to continue OxyContin for baseline pain control and continue Norco to four tablets a day for short-acting pain relief. The applicant was status post a cervical radiofrequency ablation procedure on April 17, 2013, it was incidentally noted. The applicant was still using Soma for spasms and Ambien for sleep, it was further suggested. Permanent work restrictions were renewed. It did not appear that the applicant was working with said

permanent limitations in place. On June 5, 2014, the attending provider stated that the applicant's pain medications were providing appropriate analgesia. In another section of the report, however, the applicant stated that her current pain medications were not generating adequate pain control and that she would therefore like to increase the dosage of medications. Permanent work restrictions were again renewed. There was little to no discussion of activities of daily living.

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

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

**OxyContin 15mg (Quantity Not Specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91 - 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Continue Opioids topic. Continue Opioids topic. 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is seemingly off of work. The applicant is not working with permanent limitations in place. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing OxyContin usage. Some of the recent progress notes, furthermore, suggested that the applicant was having heightened pain complaints as opposed to reduced pain complaints, despite ongoing usage of the same. Therefore, the request is not medically necessary.