

<b>Case Number:</b>	CM14-0017248		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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] insured who has filed a claim for chronic low back pain reportedly associated with an industry injury of August 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; earlier multilevel cervical fusion surgery in April 2010; and epidural steroid injection therapy. In a Utilization Review Report dated February 6, 2014, the claims administrator failed to approve a request for oxycodone. The applicant's attorney subsequently appealed. In a July 16, 2013 progress note, the applicant reported pain complaints ranging from 3-6/10; it was stated in one section of the report. In another section of the report, it was stated, somewhat incongruously, that the applicant reported 8-10/10 pain. The applicant was using OxyContin, Neurontin, and oxycodone. The applicant was off of work and receiving disability, it was stated. The applicant's BMI was 27. Multiple medications, including OxyContin and oxycodone, were renewed. On August 15, 2013, the applicant stated that a cervical epidural steroid injection had provided no relief and then an earlier lumbar facet injection had provided only transient relief. OxyContin and oxycodone were again renewed. The applicant was again described as off of work, on disability, it was stated in the social history section of the report. In another section of the note, it was stated that the applicant's pain medications were helpful, while other sections of the note reported pain levels as high as 8-10/10. In a November 6, 2013 progress note, the applicant reported heightened complaints of pain and depression after his epidurals had worn off. 8-10/10 pain was noted. Multiple medications, including OxyContin, oxycodone, and gabapentin, were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #180:** 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 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, however, the applicant is not working. The applicant is receiving both indemnity benefits through the Workers' Compensation system and disability benefits outside of the Workers' Compensation system, it has been suggested. The applicant continues to report pain complaints as high as 8-10/10, despite ongoing opioid usage. The attending provider has failed to recount any meaningful improvements in function achieved as a result of ongoing opioid therapy. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.