

<b>Case Number:</b>	CM14-0017403		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	05/30/2014	<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with a date of injury of 12/22/2005. The listed diagnosis per [REDACTED] is low back pain with radiculopathy. According to report dated 01/27/2014 by [REDACTED], the patient presents with ongoing low back pain which she describes currently as 6/10 on a pain scale. She indicates that Norco does help with her functionality. The patient has received a notice from the insurance carrier that Norco should be discontinued. The provider states they will continue to wait for approval for now Celebrex and Pantoprazole. Physical examination revealed range of motion flexion is limited to 60 degrees, extension is 5 degrees, lateral flexion is 20 degrees bilaterally, and rotation is 45 degrees bilaterally. Straight leg raise is negative. The provider is requesting authorization for Oxycodone 5/325 mg #90, Celebrex 200 mg, Pantoprazole 20 mg, and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 5/325MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain; Opioids Page(s): 60-61; 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a refill of Oxycodone 5/325 mg #90. Page 78 of California MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. A review of the medical file, indicates the patient has been taking Hydrocodone since at least 03/13/2013. The reports dating from 03/13/2013 to 01/27/2014 provide no discussions on pain reduction or any specific functional improvement from taking Hydrocodone. The provider also does not provide "pain assessment" as required by California MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Hydrocodone as outlined in MTUS Guidelines. Recommendation is for denial.

**PAIN MANAGEMENT CONSULTATION QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES 92, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational and Environmental Medicine (ACOEM) 2nd Edition, 2004, Chapter 7, Page 127.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting pain management consultation. Utilization review dated 02/07/2014 denied the request stating, "The patient's condition has not deteriorated to the point that a pain management consultation is warranted." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, this patient is a chronic opioid user. A pain management consultation for additional expertise on medication and pain management may be warranted. Recommendation is for approval.