

<b>Case Number:</b>	CM14-0017623		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/06/2005
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 73 year old female who reported an injury on 09/06/2005. The mechanism of injury is not included in the medical documentation. The diagnoses for the injured worker were lumbago and knee derangement. The clinical note dated 01/13/2014 reported the injured worker had complaints of 3/10 low back pain. On physical examination the injured worker had decreased range of motion. There was no request for authorization for medical treatment provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 7.5/325MG #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, ONGOING MANAGEMENT Page(s): 78,86.

**Decision rationale:** Per the California MTUS guidelines the lowest possible dose of an opioid should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic

pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially or non-adherent drug-related behaviors. The guidelines also recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of documentation regarding pain assessment including symptomatic or functional response to the current medication regimen. There was no documentation regarding monitoring for aberrant behavior. Additionally the dose of Hydrocodone/APAP is excessive per the morphine equivalent when combined with the Oxycontin. Therefore the request for Hydrocodone/APAP 7.5/325mg # 120 is not medically necessary.

**OXYCONTIN CR 20MG #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): 78,86,91.

**Decision rationale:** Per the California MTUS guidelines the lowest possible dose of an opioid should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially or non-adherent drug-related behaviors. The guidelines also recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of documentation regarding pain assessment including symptomatic or functional response to the current medication regimen. Additionally, the dose of Oxycontin is excessive per the morphine equivalent when combined with the Hydrocodone/APAP. Therefore the request for Oxycontin CR 20mg # 120 is not medically necessary.