

<b>Case Number:</b>	CM14-0137205		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/15/2006
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 mid and low back pain reportedly associated with an industrial injury of May 15, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for oxycodone, stating that the applicant had recently been given a prescription for Suboxone for opioid weaning purposes which would likely obviate the need for oxycodone. The claims administrator did not, furthermore, incorporate cited MTUS guidelines at the bottom of its report into the report rationale. The claims administrator stated that the applicant had exceeded the recommended morphine equivalent dosage of opioids but did not include any MTUS citations on the same. The applicant's attorney subsequently appealed. In a February 21, 2014 progress note, the applicant reported persistent complaints of pain. The attending provider stated that the applicant was able to perform some activities of daily living with medication consumption. These were not elaborated or expounded upon. It was stated that the applicant was having some acute exacerbation in pain on this occasion. The applicant was given an injection of oral Toradol. Acupuncture and manipulative therapy were sought. The applicant was given refills of Zofran, MS Contin, Wellbutrin, oxycodone, Zanaflex, Lidoderm, and Lyrica. The applicant was off of work, on total temporary disability, it was acknowledged. On July 29, 2014, the applicant reported persistent complaints of low back and bilateral knee pain. The applicant did not appear to be working as a flight attendant. The attending provider stated that the applicant was having difficulty obtaining an adequate amount of sleep. The attending provider stated that the applicant was experiencing some improvements in function with medication management but did not elaborate or expound upon the nature of the

same. The applicant was off of work, on temporary disability, it was acknowledged. The applicant was quite obese, standing 5 feet 2 inches tall and weighing 214 pounds. The applicant was given refills of Wellbutrin, oxycodone, Zanaflex, Lidoderm, Lyrica, and MS Contin.

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

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

**Oxycodone HCL 30mg #180 3 Refills:** Upheld

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

**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 off of work, on total temporary disability. The attending provider has failed to recount or establish any meaningful improvements in function achieved as a result of ongoing opioid therapy. The attending provider has likewise failed to outline any quantifiable decrements in pain achieved as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.