

<b>Case Number:</b>	CM14-0031249		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/08/1998
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain Management and Rehabilitation and is licensed to practice in Texas. 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 61 year old male who had a work related injury on 11/08/98. There is no documentation submitted that describes the mechanism of injury. The pain is chronic and the injured worker has been treated with a pain management specialist. The note dated 04/21/14 describes the pain as being moderate. The patient has problems fluctuating and it occurs persistently. The location of the pain was the neck and low back. There was no radiation of pain. The injured worker describes the pain as an ache, discomforting, piercing, sharp, shooting, stabbing, and throbbing. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, twisting, and walking. The symptoms are relieved by pain medication. Diagnosis is degeneration of lumbar lumbosacral intervertebral disc, insomnia due to medical condition, lumbago, liver abscess and sequela of chronic liver disease, brachial neuritis or radiculitis, myalgia and myositis, carpal tunnel syndrome, neck pain, psychosocial dysfunction, Cooperative Osaka Adenosine Trial. bilateral carpal tunnel release, chronic pain due to trauma, pain in right shoulder, degenerative disc disease cervical spine, cannabis dependence, hypertension, spondylosis lumbar without myelopathy, facet arthropathy, and pain in both ankles with the right greater than the left. Medication is Oxycodone 30mg one to two by mouth every six to eight hours maximum eight a day, Oxycontin 80mg one by mouth four times a day, Lunesta 3mg one tablet by mouth every day at that time, Arthrotec 75mg one tablet twice a day, Terazosin 1mg every night., Androgel 20.25mg/1.25 grams 1.62% apply one pack by transdermal route every day in the morning to each arm and shoulder for a total dose of 40.5mg, Sertraline 50mg one by mouth every day, Metoprolol 100mg one by mouth every day, Amlodipine 10mg one tablet every day, Dexilant 60mg one by mouth every day, and Venlafaxine 75mg one by mouth every day. Physical examination revealed the following:

Patients height is 6 foot 4 inches, weight is 242 lbs. and Body Mass Index is 29.45. Back/spine inspection reveals tenderness, thoracic mobility is decreased. Lumbar mobility is also decreased. No kyphosis and no scoliosis were revealed. The spine is positive for posterior tenderness. Cervical palpation reveals bilateral tenderness from C3 to C7. Lumbar palpation reveals bilateral tenderness from L2 to S1. There is moderate pain in the cervical spine with motion. The lumbar spine has tenderness, moderate pain with motion. There is no motor weakness, balance and gait was intact, and no sensory loss. In reviewing the submitted clinical documents, Visual Analog Scale scores do not change, 6/10 with medications and 9/10 without medications. The American quality of life scale scores have not changed. With medication, the injured worker is able to do simple chores around the house, minimal activities outside the house 2 days a week. Prior utilization review dated 01/20/14 recommended tapering and provision of supply of #90. The most recent prior utilization review dated 03/06/14 continued to taper from #90 previously recommended to 60 tablets. There was a modification of the office visits and yearly laboratories. The current request is for office visits (x 6). Bi-yearly labs, Complete Blood Count, chemistry panel, Thyroid Stimulating Hormone, Urinalysis, Prostate-Specific Antigen, testosterone, random Urine Drug Screens, Oxycontin 80mg #120, and Oxycontin HL 30mg #240.

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

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

**Office Visit (x6):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

**Decision rationale:** If the injured worker is on Oxycontin, whether weaning or not, then he does need follow up with the prescribing physician on a regular basis. Medical necessity is established, per ODG. The request for office visits (x6) is medically necessary.

**Bi-Yearly Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2012 Current medical treatment and diagnosis.

**Decision rationale:** The clinical documentation submitted for review does not support the request for labs. There is no clinical documentation of thyroid disease, prostate problem, and genitourinary problems. Therefore, medical necessity has not been established. Therefore, the request is for Bi-yearly labs, Complete Blood Count, chemistry panel, Thyroid Stimulating

Hormone, Urinalysis, Prostate-Specific Antigen, testosterone, random Urine Drug Screens is not medically necessary.

**Oxycontin 80mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 111.

**Decision rationale:** The clinical documentation does not support the request for oxycontin. In reviewing the submitted clinical documents, Visual Analog Scales scores do not change 6/10 with medications, 9/10 without medications. No documentation of urine toxicology findings. American quality of life scale scores have not changed with medication. The injured worker is able to do simple chores around the house and minimal activities outside the house 2 days a week. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Oxycontin 80mg #120 is not medically necessary.

**Oxycodone HCL 30mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** In reviewing the submitted clinical documents, Visual Analog Scale scores do not change, they are 6/10 with medications and 9/10 without medications. No documentation of urine toxicology findings. American quality of life scale scores have not changed with medication and the injured worker is able to do simple chores around the house as well as minimal activities outside the house 2 days a week. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Oxycodone HCL 30 mg #240 is not medically necessary.

**CBC, Chem Panel, RSH, UA, UDS, PSA, Testosterone, Random UDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2012 Current medical treatment and diagnosis.

**Decision rationale:** The clinical documentation submitted for review does not support the request for labs. There is no clinical documentation of thyroid disease, prostate problem, and genitourinary problems. Therefore, medical necessity has not been established. The request is for Bi-yearly labs, Complete Blood Count, chemistry panel, Thyroid Stimulating Hormone, Urinalysis, Prostate-Specific Antigen, testosterone, random Urine Drug Screens is not medically necessary.