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| <b>Case Number:</b>   | CM14-0032269 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 11/17/2001 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2014 |

### 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 patient is a 41 year old female, DOI 11/17/01. She has developed chronic low back pain secondary to a slip and fall. She also has been diagnosed with depression. There have been no neurological changes. Mri scanning has shown L4-5 degeneration with out stenosis and a discogram revealed pain without corresponding anatomical changes. She has not been considered a surgical candidate. QME work restriction have been a preclusion from heavy lifting. She has been treated with chronic high dose opioids without significant pain relief or functional benefits. The treating physician has diagnosed opioid hyperalgesia and a very gradual opioid taper was initiated several months prior to the date of the Utilization Review (UR). Subsequent to the start of the taper, certain statements and behaviors reinforced the need to discontinue opioids. She has declined a functional restoration program and/or other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 30mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Wean Opioids; Weaning of Medications Page(s): 79-80; 124.

**Decision rationale:** The records are clear that Oxycodone was being weaned initially and then the Morphine Sulfate would be weaned. Prior U.R. reviews revealed no problems with this approach and it is reasonable given her resistance to the opioid weaning. This amount of Morphine Sulfate is what has been utilized long term and the weaning of the Morphine Sulfate is/was not planned until several months in the future. Weaning of 1 opioid at a time is consistent with MTUS chronic pain guidelines. The request is medically necessary and appropriate.

**Oxycodone 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Wean Opioids; Weaning of Medications Page(s): 79-80; 124.

**Decision rationale:** At the time of the Utilization Review (UR) weaning of Oxycodone was to be down to 40mg. per day. This was planned ahead of time and in subsequent months the Oxycodone has continued to be diminished. There is no reporting of withdrawal symptoms and/or any other complications. The Oxycodone 20mg #120 is not consistent with the treatment plan and there is no explanation supporting it. Tapering has been very gradual and there is no medical reason given to have interrupted it. MTUS guidelines recommend a slow steady tapering of opioids when there has been a decision to wean from opioids. The The for 20mg. #120 tabs of Oxycodone is not medically necessary and appropriate.