

<b>Case Number:</b>	CM14-0039681		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old male was reportedly injured on October 1, 2000. The mechanism of injury is not listed in the records reviewed. There appears to be an insidious onset of the pain complaints. The most recent progress note, dated May 29, 2014 indicates that there are ongoing complaints of low back pain, bilateral knee and bilateral elbow pain. The pain level was described as 10/10. With medications 5/10. The morphine equivalent dosage (MED) is noted to be 270. The injured employee is noted to be a current pack a day smoker. The physical examination demonstrated a 5'5, 160 pound hypertensive (138/85) individual in no noted distress. No specific findings are reported. Diagnostic imaging studies were not presented for review. Previous treatment includes cervical spine fusion, psychiatric care, lumbar surgery, multiple medications, facet injections, other injection therapies and physical therapy. A request was made for multiple medications and was not certified in the pre-authorization process on March 4, 2014. The injured employee reports being much more emotionally and physically stable on OxyContin 180 mg per day. A return to work is reportedly pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Oxycodone serum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

**Decision rationale:** When noting the date of injury, the multiple surgical interventions completed and the ongoing complaints; there is no objectified efficacy with the continued utilization of these significant doses of short-acting opioids. This medication is noted in the Chronic Pain Medical Treatment Guidelines as being indicated for the short-term management of moderate to severe breakthrough pain. The lowest possible dose should be employed and there needs to be objectification of any functional utility. While it is noted the injured worker stated he is emotionally more stable with inferences made about return to work; there is no noted efforts in that direction. Furthermore, the physical examination is unchanged over a number of months. The efficacy for this medication has not been established, nor is there any medical necessity noted in the progress note presented. The request for one Oxycodone serum is not medically necessary or appropriate.

**Exalgo 12mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74 OF 127.

**Decision rationale:** When noting the date of injury, and the multiple interventions, tempered by the numerous medications being employed and the subject declaring some stabilization of symptomology there is no data presented that this medication has any objective efficacy. There is no increase in the range of motion, no ability to return to work, no noted functionality changes. The progress notes of the last several months are essentially unchanged. Therefore, it is not clear why this medication would be continued with no improvement. The medical necessity has not been objectified in the progress notes presented for review. The request for Exalgo 12mg, sixty count, is not medically necessary or appropriate.

**One free testosterone:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110 OF 127.

**Decision rationale:** The use of this medication is recommended in limited circumstances for patients taking high-dose, long-term opioids, with documented low testosterone levels. Hypogonadism is also noted as a required diagnosis. Based on the progress notes presented for review, none of these parameters are met. Therefore, the request for one free testosterone is not medically necessary or appropriate.

**One urinalysis (UA) complete:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78.

**Decision rationale:** Treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting the claimant's multiple medications with abuse potential, there is a clear clinical indication for the use of urine drug screening for the management of this individual's chronic pain. However, as outlined in the progress notes there is no indication of an illicit drug use, drug diversion, dependence or addiction. Therefore, the request for one UA complete is not medically necessary or appropriate.

**One Hydromorphone serum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74 OF 127.

**Decision rationale:** When noting the date of injury and the multiple interventions, tempered by the numerous medications being employed and the subject declaring some stabilization of symptomology; there is no data presented that this medication has any objective efficacy. There is no increase in the range of motion, no ability to return to work and no noted functionality changes. The progress notes of the last several months are essentially unchanged. Therefore, it is not clear why this treatment is continued with no improvement. The request for one Hydromorphone serum is not medically necessary or appropriate.

**One Klonopin serum:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24 OF 127.

**Decision rationale:** This medication is a benzodiazepine. As such the MTUS parameters for benzodiazepines are used as this particular medication is not addressed in the MTUS. Benzodiazepines are not supported for long-term or indefinite use as a efficacy is unproven and there is a significant risk of dependence. Furthermore, the physical examination reported did not indicate any efficacy or improvement based on this medication. Therefore, the request for one Klonopin serum is not medically necessary or appropriate.

