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| <b>Case Number:</b>   | CM14-0042292 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 05/21/2004 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 04/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2014 |

### 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 bilateral knee and low back pain reportedly associated with an industrial injury of May 21, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and earlier total knee arthroplasty surgery in 2004, per the claims administrator. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for oxycodone, OxyContin, and Ativan, stating that the applicant was not profiting from the same. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant was described as a former licensed vocational nurse (LVN). The applicant had ongoing complaints of bilateral knee and low back pain. The applicant apparently had issues with renal insufficiency/renal failure and stated that she was unable to use medications other than opioids. The applicant stated that usage of pain medication was improving her ability to walk. The applicant stated that usage of medications was facilitating her ability to care for her elderly mother, for whom she was responsible. The applicant had a variety of comorbidities, including atrial fibrillation, it was stated, and hepatitis C. The applicant was receiving State Disability Insurance (SDI). The applicant had a BMI of 34, it was stated. The applicant stated that the medications were helping her greatly, in terms of her ability to perform household chores, drive, and walk. Authorization for oxycodone, OxyContin, and Ambien was sought. It was stated that the applicant was using the lowest effective dose possible and that the current dosage of medication was keeping the applicant functional. It appeared that Ativan was being employed for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Specific Drug List, Oxycodone.

**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 has retired and is off of work, although it is unclear whether this is a function of age (age 66) or a function of the industrial injury. Nevertheless, the attending provider and applicant have recounted appropriate decrements in pain and improvements in function achieved as a result of ongoing opioid therapy, including ongoing oxycodone usage. The applicant has reported heightened ability to care for her mother, to ambulate, and perform household chores, drive, walk, etc., as a result of ongoing opioid therapy. The applicant has a number of comorbidities, including atrial fibrillation and hepatitis C, which are apparently precluding provision of other analgesics. Therefore, the request for oxycodone is medically necessary, for all of the stated reasons.

**Oxycontin Extended-Release 10 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Specific Drug List, Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioid 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 function, and/or reduced pain achieved as a result of the same. In this case, the patient, as previously noted, has failed to return to work, although this may be a function of age (66) and/or depression as opposed to the function of the industrial chronic pain issues. Nevertheless, the patient and/or attending provider are reporting appropriate decrements in pain and improvements in function, including improved ability to ambulate, perform household chores, and care of the patient's elderly mother, etc., as a result of ongoing opioid therapy, including ongoing OxyContin therapy. As with oxycodone, the patient is apparently unable to use other analgesics owing to comorbidities such as atrial fibrillation and hepatitis C. Therefore, the request is medically necessary, for all of the stated reasons.

**Ativan 1 mg, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an patient with an ability to recoup emotional and physical resources. In this case, however, the attending provider seemingly intends to employ Ativan for chronic, long-term, and/or scheduled use purposes, without any evidence of acutely decompensated mental health issues. This is not an appropriate indication for ongoing Ativan usage, per ACOEM. Therefore, the request is not medically necessary.