

<b>Case Number:</b>	CM14-0054311		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/06/1999
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, and anxiety reportedly associated with an industrial injury of June 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, opioid therapy; adjuvant medications; and psychotropic medications. In a utilization review report dated April 1, 2014, the claims administrator denied a request for OxyContin and Norco. The claims administrator did cite the MTUS Chronic Pain Medical Treatment Guidelines at the bottom of the report but employed a study from JAMA as the chief portion of its rationale. The claims administrator also suggested that the applicant had had urine drug testing, which was notable for marijuana. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 24, 2014, somewhat difficult to follow, not entirely legible, the applicant was apparently upset that she had to pay for many of her medications owing to the fact that they had not been authorized. The attending provider posited that the applicant's pain is 8/10 without medications and 5/10 with medications. The applicant is using three to four tablets of Norco daily along with Cymbalta and Neurontin, it was acknowledged. The attending provider stated that the applicant could be more active, but did not elaborate on the same. The applicant's work status was not provided. In a May 27, 2014 progress note, it was stated that the applicant was a candidate for pursuit of an interdisciplinary rehabilitation program for the purposes of weaning or tapering the applicant off of opioids. It was stated that the applicant's pain, at best, was 8/10 with medications and 10/10 without medications. The applicant was status post shoulder surgery and lumbar fusion surgery, it was acknowledged. OxyContin and Norco were apparently earlier renewed through her progress note of January 20, 2014, in which the attending provider again stated that the applicant's pain levels had been reduced through ongoing opioid therapy but, again, did not elaborate on the extent of the

improvement. The note was handwritten and difficult to follow. It was suggested that the applicant's ability to perform household chores may have been improved through ongoing opioid therapy. The remainder of the file was surveyed. The urine drug test in which the applicant reportedly tested positive for marijuana, per the claims administrator was not readily evident.

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

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

**Oxycontin 80mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC 2014 PAIN; Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80..

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes 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. While one of the applicant's attending provider's has established the presence of reduction in pain levels through medication management, another of the applicant's treating providers, conversely, has posited that opioid therapy has only been minimally effective and has only reduced the applicant's pain levels from 10/10 to 8/10. The applicant's secondary treating provider seemingly suggested that the applicant's opioid therapy has not been altogether effective and that the applicant has a significant loss of ability to function despite ongoing opioid usage. The applicant's secondary treating provider has advocated discontinuing the opioid agents in questions. All of the above, taken together, argue against the presence of any concrete improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request for Oxycontin 80mg, ninety count is not medically necessary or appropriate.

**Hydrocodone/Actaminophen 10/325mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC 2014 PAIN; Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; When to Continue Opioids topic. Page(s): page 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes 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. No concrete improvements in pain or function have been demonstrated. The applicant's secondary treating provider, as noted previously, has posited that

the applicant has a significant loss of ability to function despite ongoing opioid therapy. The applicant's reduction in pain levels from 10/10 to 8/10 appears to be negligible and is outweighed by the applicant's failure to return to any form of work. Therefore, the request for Hydrocodone/Actaminophen 10/325mg, 180 count is not medically necessary or appropriate.