

<b>Case Number:</b>	CM14-0063171		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 low back pain reportedly associated with an industrial injury of April 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; a transcutaneous electrical nerve stimulation (TENS) unit; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated April 22, 2014, the claims administrator approved a request for Effexor, partially certified a request for Norco, partially certified a request for Neurontin, and approved a request for Senokot. The applicant attorney subsequently appealed. In a medical-legal evaluation dated December 20, 2012, the applicant apparently presented with multifocal shoulder, wrist, mid back, low back, and bilateral knee pain with associated bilateral arm paresthesia. The applicant was using Tizanidine, Oxycodone, Senna, Norco, Zocor, Effexor, and sleep aids, it was stated. It was acknowledged that the applicant was not working and continued to receive workers' compensation indemnity benefits. In an April 9, 2014 progress note, somewhat blurred as a result of repetitive photocopying and faxing, the applicant was described as having persistent complaints of pain. The applicant stated that TENS unit had ameliorated her pain complaints to some degree. The applicant was nevertheless using Norco and Oxycontin, it was acknowledged. The applicant was not working, it was reiterated. The applicant had a "severe functional disability," it was suggested. The applicant had issues with opioid tolerance, it was further noted. Oxycontin, Norco, Senna, Effexor, and Tizanidine were apparently renewed. In an earlier progress note dated March 12, 2014, the attending provider stated that the applicant had persistent multifocal neck, low back, and right knee pain, as high as 10/10 without medications and somewhere between 2 to 7/10 with medications. The applicant was still having difficulty performing activities of daily living including non-specialized hand function, it was

acknowledged. The applicant had developed opioid tolerance, the attending provider further acknowledged.

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

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

**HYDROCODONE 10/325 MG, # 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** As noted on page 80 of 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 is off of work. The attending provider has not outlined any tangential improvements in function or reductions in pain achieved as a result of ongoing opioid therapy. The attending provider's documentation does seemingly suggest that the applicant had a severe functional disability and, furthermore, noted that the applicant had difficulty performing activities of daily living as basic as ambulating and nonspecialized hand activities. Continuing Norco on the face of the same does not appear to be indicated. Therefore, the request is not medically necessary.

**OXYCONTIN 40 MG, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 is off of work. While the attending provider has, admittedly incompletely, documented some reductions in pain with opioid therapy, this appears to be outweighed by comments made by the attending provider to the effect that the applicant is opioid tolerant/dependent, and that the applicant is, furthermore, severely impaired and having difficulty performing activities of daily living as basic as ambulating and nonspecialized hand function. Continuing OxyContin in the face of all of the foregoing does not appear to be indicated. Therefore, the request is not medically necessary.

**SENOKOT S 8.6 /50MG, # 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment or consultation should be initiated in applicants using opioid therapy. In this case, the applicant is using several opioids. Providing Senokot, a laxative, to ameliorate any possible issues with constipation arising from the same is indicated, for comments supported by page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.