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| <b>Case Number:</b>   | CM14-0074624 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 02/18/2005 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 05/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2014 |

### 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, has a subspecialty in Pain 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:

This is a 40-year-old female who sustained a remote industrial injury on 2/18/05 and was subsequently diagnosed with fibromyalgia, cervical degenerative disc disease, lumbar degenerative disc disease, and multiple joint pain. The mechanism of injury occurred when the patient hit her head on a conveyor, causing her to lose consciousness. This resulted in head, neck, and shoulder pain. The most recent progress note provided is dated 4/11/14. The patient complains primarily of neck pain, shoulder pain, jaw pain, low back pain, multiple tender points, and multiple joint pain at 7-9/10. The pain is becoming progressively worse and is described as constant, sharp, throbbing, and aching. Sitting, standing, bending, lifting, walking, and stress aggravate the pain, while massage, medications, rest, heat, and stretching somewhat relieve the pain. The patient's activities of daily living, sleep, and job functions are severely affected by her pain. The patient reports weight loss, chronic fatigue, headaches, and depression. Physical exam findings reveal mild tenderness in the midline of the cervical, thoracic, and lumbar spine; decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; a muscle strength of 4/5 in bilateral lower and upper extremities; and reduced deep tendon reflexes in the lower and upper extremities. Current medications include Oxycontin 30mg one tablet three times a day, Oxycodone IR 15mg one tablet every four hours as needed for pain, Soma 350mg one tablet as needed every six hours for spasm, Lunesta 3mg one tablet every night at bedtime, and Klonopin 1mg every eight hours as needed for anxiety. It is noted that the patient agreed to the provisions within the Agreement Regarding Pain Medications. Provided documents include a position paper on Fibromyalgia and Myofascial pain, subjective patient questionnaires, and an Agreed Medical Evaluation dated 11/20/13 that deems the patient is in a state of temporary, total disability. The patient's previous treatments include pool therapy, massage therapy, chiropractic treatment, a TENS unit, and medications. Imaging studies provided include an X-ray of the

cervical spine, performed on 11/13/13. The impression of this report reveals cervical kyphosis with C5-7 disc space losses together with a small C4-5 subluxation.

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

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

**Oxycodone IR 15 mg Quantity 180, one tablet every four hours as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Drug Formulary, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

**Decision rationale:** According to MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does not quantifiably document any functional improvement or pain relief with VAS scores pre- and post-opioid use. There is also no documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior. Further, the current dose exceeds guideline recommendations of 100 morphine equivalent dose (MED) maximum daily. For these reasons, the ongoing use of chronic opioids is not supported by MTUS guidelines. As such, the request is not medically necessary.