

<b>Case Number:</b>	CM14-0124659		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	11/02/2002
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 56 year old female who was injured on 11/2/2002. The diagnoses are low back pain, lumbar radiculopathy, cervicgia and cervical spine pain. The MRI of the cervical spine showed multilevel disc bulges, nerve roots impingement and degenerative changes. The 2012 MRI of the lumbar spine showed multilevel disc bulges, facet arthropathy and canal stenosis. The patient had completed PT and trigger point injections. There is history of hepatitis C with elevated liver enzymes. The patient had tried many opioid medications including Butrans, Nucynta, Lorcet, Tramadol and Vicodin but the medications were discontinued for either being ineffective or causing side effects. On 5/12/2014 [REDACTED] / [REDACTED] PA-C noted subjective complaint of a pain score of 8/10 on a 0 to 10 scale. There was objective finding of spasm and tenderness on palpation of the cervical and lumbar spine. There was positive straight leg raising test, decreased range of motion of the spine and sensory loss in the extremities. The patient was treated in the emergency room for low back pain. On 6/5/2014, the patient reported that the pain medications did not provide any symptomatic improvement. The current medications are listed are oxycodone and Ultram for pain, Ambien for sleep and Soma for muscle spasm. A Utilization Review determination was rendered on 7/11/2014 recommending non certification for oxycodone 20mg #30 and Ultram 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg #30m:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records did not show that the patient failed treatment with NSAIDs and PT. The records indicated that the patient reported no improvement in symptoms with utilization of multiple opioids including oxycodone and Tramadol. The records did not show that anticonvulsant and antidepressant medications had been tried. The patient had received medications from the emergency room against the opioid treatment guidelines. There is no documentation of compliance monitoring, absence of adverse effects and aberrant behavior or UDS report. The criteria for the use of oxycodone 20mg #30 is not met. The request is not medically necessary.

**Ultram 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records did not show that the patient failed treatment with NSAIDs and PT. The records indicated that the patient reported no improvement in symptoms with utilization of multiple opioids including oxycodone and Tramadol. The patient had received medications from the emergency room against the opioid treatment guidelines. There is no documentation of compliance monitoring, absence of adverse effects and aberrant behavior or UDS report. The records indicate that the primary care provider wants completed discontinuation of acetaminophen containing medications because of co-existing liver disease. Ultram contains acetaminophen component. The criteria for the use of Ultram 50mg #120 is not met. The request is not medically necessary.