

<b>Case Number:</b>	CM14-0192835		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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, 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 underlying date of injury in this case is 10/01/2004. The date of the utilization review under appeal is 11/13/2014. The patient was seen in primary treating physician followup 11/04/2014 regarding a chronic pain syndrome with opioid-induced hypogonadism on testosterone replacement as well as carpal tunnel syndrome and a cervical post-laminectomy syndrome. The patient was ambulating with a front-wheeled walker. The patient reported pain throughout the back and upper extremities and knees. The patient had no change in his pain since a prior visit and was felt to be stable on his medication regimen which was helping him to manage pain and improve function. The medications allowed him to get out of his house to go to his appointments. The treating physician discusses the 4 A's of opioid management and states that the patient receives analgesia for 4 hours and that activities of daily living include the ability to perform household chores and self-care and some social activities, go to church regularly, do home exercises, and participate in a weight loss program, and some walking with the use of a walker. No adverse effects were noted. Hypogonadism was controlled and treated on a non-industrial basis with testosterone replacement therapy. The patient was noted to be very compliant with no evidence of aberrant behavior. Prescriptions were refilled for OxyIR as well as naproxen, noting the patient had failed ibuprofen previously since this was ineffective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxy IR 15 mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses in detail the 4 A's of opioid management, recommending ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These are discussed at length in the physician notes and document benefit from this medication. A prior physician review felt these 4 A's of opioid management were not met; however, they are documented very specifically in detail in the medical records. This request is medically necessary.

**Naproxen 500 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, states that anti-inflammatories are the traditional first line of treatment to reduce pain so that activity and functional restoration can resume. This medication is supported as a first-line drug class for treatment of ongoing chronic pain. A prior physician review states that there was no documentation of acute exacerbation of chronic issues and that there was a history of use with minimal results. The 4 A's of opioid management discussed in this case apply to the patient's anti-inflammatory medication treatment as well. The medical records discuss past NSAID treatment without effect and the benefits of current NSAID treatment. Overall, the guidelines have been met to support the use of this medication. This request is medically necessary.