

<b>Case Number:</b>	CM14-0200412		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 pain syndrome, chronic neck pain, chronic wrist pain, and chronic foot pain reportedly associated with an industrial injury of December 1, 1998. In a Utilization Review Report dated November 15, 2014, the claims administrator failed to approve a request for OxyContin. The claims administrator stated that its decision was based on MTUS Guidelines. The claims administrator stated that the applicant only derived minimal benefits from the medication in question. The claims administrator alluded to a progress note of "September 2014" in its denial. The applicant's attorney subsequently appealed. In a September 4, 2014 progress note, the applicant reported ongoing complaints of 6-7/10 neck, wrist, and foot pain. The applicant stated that her activity levels had increased. The applicant scored her pain at 5/10 with medications versus 10/10 without medications. The applicant was on Ambien, MiraLax, Senna, Phenergan, Voltaren, Lidoderm, OxyContin, Norco, Soma, and Elavil. The applicant is status post both cervical and lumbar radiofrequency ablation procedures. The applicant stated at the bottom of the report that her medications were allowing her to care for her two young children. It was stated that the applicant's pain scores were 9/10 without medications in another section of report and 7/10 with medications. The applicant posited that she was able to perform activities such as grocery shopping with medications. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin (Oxycodone Hydrochloride Controlled-Release) Tab 15mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue 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. Here, however, the applicant's work status had not been clearly detailed, suggesting that she is, in fact, off of work. While the attending provider did report some reduction in pain scores with medication consumption, these were, however, incongruously reported. In one section of the same note, the attending provider stated that the applicant's pain scores had dropped from 9/10 without medications to 7/10 with medications, the attending provider then reported, somewhat incongruously, in another section of the same report that the applicant's pain scores were reduced from 7/10 without medications to 5/10 with medications. The incongruous reporting, thus, calls into question the degree of analgesia the applicant is in fact achieving with ongoing opioid consumption. Furthermore, the reports of analgesia with medication consumption are outweighed by the attending provider's seeming failure to outline any meaningful improvements in function achieved as a result of ongoing opioid usage and likewise outweighed by the attending provider's failure to outline the applicant's work status on the September 4, 2014 progress note at issue. The applicant's comments to the fact that she is able to perform household chores with medication consumption did not, in of itself, constitute evidence of meaningful or substantive improvement with the same. Therefore, the request was not medically necessary.