

<b>Case Number:</b>	CM14-0201937		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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] beneficiary who has filed a claim for chronic shoulder, neck, and elbow pain reportedly associated with an industrial injury of January 21, 2005. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for Norco outright while partially approving a request for OxyContin. The claims administrator referenced an October 15, 2014 progress note in its determination. The claims administrator suggested that the applicant wean off of the opioids in question. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported 5-8/10 shoulder and neck pain complaints. The applicant was using Atarax, Norco, OxyContin, Tenormin, aspirin, Zestril, Plavix, and Percocet, it was acknowledged. It was stated that the applicant was using Norco on an as-needed basis up to twice daily, Percocet on an as-needed basis up to four times daily, and OxyContin on a scheduled basis twice daily. The applicant was status post left shoulder surgery. The applicant had developed derivative issue with left ulnar neuropathy, the attending provider contended. The applicant was obese, with BMI of 33. It was stated that the applicant was receiving Percocet from one his treating providers for another industrial injury and receiving Norco from his current prescribing provider. The attending provider stated that the applicant was able to perform activities of self-care, personal hygiene, and meal preparation with medication consumption. The applicant was not working. Norco, OxyContin, and permanent restrictions were renewed. On October 15, 2014, the applicant again reported 5/10 with medications versus 8/10 pain without medications. The applicant's list included Atarax, Norco, OxyContin, Tenormin, aspirin, Zestril, Plavix, and Percocet. The applicant was receiving Percocet from another provider, it was reiterated. The applicant was using four Percocet a day and two Norco a day, it was suggested. Norco and

OxyContin were renewed, along with permanent work restrictions. The applicant was not, however, working.

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

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

#### **1 prescription of Norco 10/325mg #60: Upheld**

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

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

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants receive opioid prescription from a single prescriber. Here, however, the applicant is receiving Norco from his primary treating provider and apparently concomitantly receiving Percocet, a second short-acting opioid, from another provider. Such usage, however, is incompatible with the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **1 prescription of OxyContin 30mg #60: Upheld**

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

**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, the applicant is off of work. The applicant is not working with permanent limitations in place, the prescribing provider has acknowledged. While the attending provider has reported some reduction in pain scores with ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy. The attending provider's comments that the applicant's ability to perform self-care, personal hygiene, and meal preparation with medications do not constitute evidence of meaningful or substantive improvement. Therefore, the request was not medically necessary.