

<b>Case Number:</b>	CM14-0203177		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 low back pain reportedly associated with an industrial injury of December 27, 2000. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for fentanyl and partially approved a request for oxycodone. The claims administrator referenced an October 16, 2014 progress note in its determination. The claims administrator stated that the denial did not preclude the applicant from self-procuring the opioids at issue. The applicant's attorney subsequently appealed. In a November 21, 2014 pain management progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities status post earlier lumbar spine surgery. The applicant apparently developed residual abdominal hernia. The applicant reported highly variable 3-10/10 low back pain. The applicant has superimposed issues with moderate-to-severe anxiety, it was acknowledged. The applicant was on Duragesic, oxycodone, Valium, Naprosyn, Amitiza, Lidoderm, Lamictal, Lyrica, and Cymbalta, it was acknowledged. The applicant was using a cane. The applicant exhibited a tremor. The attending provider suggested that the applicant consult a general surgeon to consider having a herniorrhaphy. The attending provider stated that the applicant's medications were reducing her pain about 50% and permitting her to be more functional and active. This was not elaborated upon, however. Duragesic, oxycodone, MiraLax, diazepam, Lidoderm, Lamictal, Lyrica, Cymbalta were all renewed. The applicant also had superimposed issues with recently-diagnosed pyelonephritis, it was incidentally noted. The applicant's work status was not clearly outlined. On October 21, 2014, the applicant was given a diagnosis of chronic pain syndrome. The applicant was using Lyrica, oxycodone, and Duragesic, it was noted. CT scanning to switch for recurrent abdominal hernia was sought. The applicant stated that she had a recent flare in pain in August 2014. The attending provider stated that the applicant had done well after an

earlier incisional hernia repair surgery on February 2013 and had, at one point, resumed normal activities including swimming and walking, but was now reporting heightened pain complaints. On October 30, 2014, the applicant reported that self-care was painful. The applicant stated that she would now do any lifting or carrying. The applicant stated that pain was limiting her social activities and preventing her from doing anything excepting traveling to the doctor's office. The applicant stated that her pain complaints were worsening. 8 10/10 pain was reported. The applicant was severely depressed and anxious. The applicant was given refills of fentanyl and immediate release oxycodone, the latter of which she was using at rate of six to seven tablets daily.

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

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

**Fentanyl patch 25 mcg #15:** 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 topic. 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 result of the same. Here, however, the applicant's work status has not been clearly outlined on multiple office visits, referenced above. On October 13, 2014 progress note, however, strongly suggested that the applicant was not working as the attending provider wrote that the only activities that the applicant was able to perform was traveling to and from her physician's office. Comments to the effect that the applicant reported 8-10/10 pain on October 13, 2014, despite ongoing usage of fentanyl, coupled with the comments that the applicant was using six to seven tablets of immediate release of oxycodone for breakthrough pain implies that ongoing fentanyl usage had not, in fact, proven effective. Furthermore, the attending provider also noted on October 13, 2014 that the applicant was having difficulty performing even basic activities of daily living such as self-care, personal hygiene, standing, and walking. All of the foregoing, taken together, did not make a compelling case for continuation of fentanyl. Therefore, the request was not medically necessary.

**Oxycodone IR 15 mg #200:** 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 topic..

**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 was/is seemingly off of work. The applicant continues to report heightened complaints of pain, 8 to 10/10, despite ongoing opioid therapy, including ongoing oxycodone usage. Commentary made by the applicant is that she is unable to perform any activities of daily living other than taking herself to and from physician office visits, coupled with comments that the applicant is having difficulty performing activities of daily living as basic as standing, walking, socializing, interacting with others, etc., likewise do not make a compelling case for continuation of opioid therapy. Therefore, the request was not medically necessary.