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| <b>Case Number:</b>   | CM14-0203239 |                              |            |
| <b>Date Assigned:</b> | 12/30/2014   | <b>Date of Injury:</b>       | 08/14/2004 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 12/01/2014 |
| <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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2004. In a Utilization Review Report dated December 1, 2014, the claims administrator partially approved a request for oxycodone-acetaminophen (Percocet); denied a request for Endocet, another version of oxycodone-acetaminophen; denied an otolaryngology (ENT) consultation; and conditionally denied 12 sessions of physical therapy for low back and knee. The claims administrator referenced a progress note of October 23, 2014 in its determination. The claims administrator and the attending provider did not document any otolaryngologic issues, which would compel the ENT consultation at issue. The claims administrator contended that the attending provider failed to respond to numerous requests for additional information. The applicant's attorney subsequently appealed. In an April 16, 2014 operative report, the applicant underwent a lumbar fusion surgery with radical discectomy and implantation of a PEEK device. In a December 30, 2014 urologic evaluation, the applicant apparently reported issues with urinary frequency, urinary urgency, and left testicular pain. The applicant was given diagnoses of erectile dysfunction, orchialgia, urinary frequency, urinary urgency, polydipsia, and chronic low back pain status post failed lumbar spine surgery. Ancillary complaints of dyslipidemia and depression were reported. On December 4, 2014, the applicant reported issues with chronic low back pain, rib pain, knee pain, hypertension, and stomach pain. The applicant was given prescriptions for aquatic therapy, several topical compounds, Flexeril, oxycodone, Prilosec, and Endocet. The applicant was asked to remain off of work, on total temporary disability. A 9/10

low back pain was evident on this date. There was little to no discussion of medication efficacy evident. There was no mention of any otolaryngologic issues evident on this date, either. On November 11, 2014, the attending provider suggested that the applicant consult an otolaryngologist to address the issues with tinnitus, allegedly generated by the applicant's original slip and fall injury.

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

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

**Oxycodone 10/325mg #60:** 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, the applicant was/is off of work, on total temporary disability, despite ongoing usage of oxycodone-acetaminophen, an opioid agent. The treating provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of oxycodone-acetaminophen usage on the December 4, 2014 progress note on which the article in question was renewed. The applicant reported 9/10 low back and bilateral knee pain on that date. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Endocet 10/325mg #60:** 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 was/is off of work, on total temporary disability, despite ongoing Endocet (Percocet) usage. The applicant reported 9/10 pain on December 4, 2014. The attending provider failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Endocet usage in any of the progress notes, referenced above. Therefore, the request was not medically necessary.

**ENT consultation within State Fund MPN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Diagnosis and Management of acute otitis media

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS Guidelines in ACOEM Chapter 5, page 92, referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the applicant's current treating providers, an orthopedist and an internist, effectively, are likely uncomfortable addressing allegations of tinnitus. These issues and/or allegations of tinnitus would be better-addressed by a physician specializing in such issues, such as an ENT physician (AKA otolaryngologist). Therefore, the request is medically necessary.