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| <b>Case Number:</b>   | CM15-0101120 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 11/03/2001 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 55 year old male, who sustained an industrial injury on November 3, 2001. He reported neck pain, back pain and upper extremity pain after a coworker fell on him while he was supporting a several hundred pound wall. The injured worker was diagnosed as having cervical radicular pain, cervical spinal stenosis and cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, cervical epidural steroid injection, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain with radicular symptoms to the right shoulder. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 28, 2013, revealed continued pain as noted. Evaluation on February 2, 2015, revealed continued pain as noted. It was noted he required pain medications and had failed improving with physical therapy and home exercises. He reported improvement with cervical steroid injections. Medications and a urinary drug screen were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg #12:** Upheld

**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:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. The prescription is for a low dose of opioids for abortive use for headaches; this use is unusual and is of particular concern given documented aberrant behavior when the patient recently reported using opioid medication prescribed for another person for these reported headaches. Overall the 4 As of opioid management have not been met; therefore this request is not medically necessary.

**One (1) urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** MTUS recommends urine drug testing as an option. A prior physician review notes that drug testing is not indicated since opioid medications have been denied. However recent office notes of 5/8/15 document aberrant behavior when the patient used opioid medication not prescribed to him. For this reason the drug screen is appropriate and medically necessary.