

<b>Case Number:</b>	CM15-0101771		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 45 year old male, who sustained an industrial injury on 7/8/09. He has reported initial complaints of a back injury after lifting heavy equipment at work. The diagnoses have included lumbosacral radiculitis, lumbar spinal stenosis, Lumbar post laminectomy syndrome, lumbar facet arthropathy, trochanteric bursitis and myofascial pain syndrome. Treatment to date has included medications, activity modifications, diagnostics, psychiatric, lumbar fusion surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/4/15, the injured worker was seen post left trochanteric bursa injection and reports 50 percent pain relief lasting up to 3 days and then pain gradually increased and went back to baseline. He complains of increased low back pain that radiates to the left thigh, calf, left foot and middle toes. There is numbness over the left leg with tingling and it is constant and increases with any activity. The pain is rated 5-7/10 on pain scale which is unchanged from previous visits. The physical exam of the lumbar spine reveals that the range of motion is limited by pain with flexion and extension, there is tenderness to palpation and trigger points bilaterally, lumbar facet loading is positive on both sides, there is tenderness over the facet joints on both sides, straight leg raise is positive on the left side at 45 degrees in sitting position, there is significant tenderness over the left greater trochanter and multiple trigger points over the left ilio-tibial band appreciated. The injured worker was given a left lumbar epidural steroid injection (ESI) with significant pain relief. The current medications included Oxycodone, Duloxetine, Viagra, and Methoderm cream. The urine drug screen dated 10/27/14 revealed

negative findings as there were no prescribed medications reported. The physician requested treatments included Oxycodone 5mg quantity 90 and Duloxetine Hydrochloride delayed release 60mg quantity 30.

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

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

**Oxycodone 5mg, quantity 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. The patient had a urine drug screen in which prescribed medications were not detected but illicit drugs including synthetic marijuana and heroin were detected. The presence of illicit drugs and the absence of prescribed opioids are indications to discontinue the opioid. Furthermore, the patient is considered totally disabled by his treating physician who indicates that pain continues to significantly limit function. Oxycodone is not medically necessary in this case.

**Duloxetine Hydrochloride delayed release 60mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** MTUS 2009 states that antidepressants are an option to treat chronic non-neuropathic pain. The goal of treatment is remission of pain. The patient continues to experience pain while prescribed duloxetine, which indicates that he has failed the trial with an antidepressant. The notes from the psychologist indicate that he continues to experience depression while undergoing therapy as well as medication. It appears that the Duloxetine is neither effective in reducing his pain and improving function nor is it effective in controlling depression. He has failed this trial to treat his depression and improve function with Duloxetine. Therefore, Duloxetine is not medically necessary.