

<b>Case Number:</b>	CM15-0138478		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, Florida, 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 injured worker is a 48-year-old female, who sustained an industrial injury on 3/20/2011. She reported pain in her right shoulder, which radiated to her neck and down her right arm. Diagnoses have included cervical facet arthropathy, cervical radiculopathy, cervical degenerative disc disease and cervicgia. Treatment to date has included surgery, physical therapy, nerve blocks, injections, acupuncture and medication. According to the progress report dated 6/22/2015, the injured worker complained of constant, severe low back pain with intermittent radiation of sharp pain into the bilateral lower extremities. She complained of neck pain with intermittent paresthesia into the left upper extremity. She rated her current pain as eight out of ten on a good day and ten out of ten on a bad day. Exam of the cervical spine revealed pain along the facets. Exam of the lumbar spine revealed bilateral paraspinal tenderness. Gait was antalgic. Authorization was requested for Oxycod/APAP Tab 10/325mg, Day Supply: 30, QTY: 210.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycod/APAP Tab 10/325mg Day Supply: 30 QTY: 210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 & 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2011. Diagnoses have included cervical facet arthropathy, cervical radiculopathy, cervical degenerative disc disease and cervicalgia. Treatment to date has included medication. As of June 2015, there is still constant, severe low back pain with intermittent radiation of sharp pain into the bilateral lower extremities. Gait was antalgic. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.