

<b>Case Number:</b>	CM15-0182024		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/15/1983
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male who sustained an industrial injury on 7-15-1983. A review of medical records indicates the injured worker is being treated for chronic back pain issues and lumbar degenerative disease. Medical records dated 8-11-2015 noted he had low back issues. He reported that his back pain continued to wax and wane. Symptoms were escalated with activity. Pain scale is unavailable. Physical examination noted he transitioned with effort from sit to stand. He reported that light touch sensation was decreased in the lower extremities, right greater than left. Treatment has included physical therapy, independent exercise program, injection and medications (OxyContin, Hydrocodone with acetaminophen, and Sertraline since at least 8-5-2014). Utilization review form dated 8-20-2015 noncertified Sertraline 30mg, 100 tablets of Hydrocodone-Acetaminophen 10-300mg, and 90 tablets of OxyContin 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tabs of Sertraline 30 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non-neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non-neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SSRI medications, such as the sertraline prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records and the claimant's written appeal describe improvement in overall symptoms with use of sertraline. Sertraline is medically necessary.

**100 Tabs of Hydrocodone-APAP 10/300 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as hydrocodone-APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The handwritten note from the claimant does indicate general improvement in pain and function from the medication but the medical record does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with 100 tabs of hydrocodone-APAP 10/300. The request is not medically necessary.

**90 Tabs of Oxycontin 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The handwritten note from the claimant does indicate

general improvement in pain and function from the medication but the medical record does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with 90 tabs of oxycontin 20 mg. The request is not medically necessary.