

<b>Case Number:</b>	CM15-0182897		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, New York, 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 a represented 62-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 11, 2007. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for OxyContin, Percocet, and Lidoderm patches. An August 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, the applicant reported ongoing complaints of low back pain. The attending provider contended that the applicant was stable on OxyContin and a spinal cord stimulator. The attending provider stated that without the applicant's medications, the applicant would have no quality of life. The applicant was using OxyContin, Percocet, and Lidoderm patches, it was acknowledged, status post earlier failed lumbar spine surgery. The attending provider contended that the applicant's medications were ameliorating the applicant's ability to function but did not elaborate further. The applicant's work status was not detailed, although it did not appear that the applicant was working. Percocet, OxyContin, and Lidoderm patches were ultimately renewed. In an applicant questionnaire dated August 27, 2015, the applicant himself acknowledged that lifting and doing yard work made his pain complaints worse. 6-9/10 pain complaints were reported. The applicant suggested (but did not clearly state) that his pain complaints were preventing him from working. On June 29, 2015, the attending provider acknowledged that the applicant was "medically retired."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60 with 2 refills: 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.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 off of work and had been deemed "medically retired," it was suggested on June 29, 2015. While the treating provider subsequently stated on August 27, 2015 that the applicant's pain complaints had been ameliorated as a result of ongoing medication consumption and were improving the applicant's ability to perform unspecified activities of daily living, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. The attending provider's commentary on August 27, 2015 to the effect that the applicant would have "no quality of life" without his medications did not, in and of itself, constitute evidence of a meaningful benefit achieved as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

**Percocet 10/325mg #120 with 2 refills: 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.

**Decision rationale:** Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 not working and had been deemed "medically retired," it was suggested on June 29, 2015. While the attending provider stated on August 27, 2015 that the applicant's medications were ameliorating the applicant's pain complaints and improving unspecified activities of daily living, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's failure to outline quantifiable decrements in pain effected as a result of ongoing opioid therapy on August 27, 2015, and the attending provider's failure to outline specific functions or

functionalities ameliorated as a result of ongoing medication consumption on said August 27, 2015 office visit. Therefore, the request was not medically necessary.

**Lidoderm 5% patches #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 27, 2015 and June 29, 2015 office visits at issue made no mention of the applicant's having previously failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's failure to return to work and continued reliance on opioid agents such as OxyContin and oxycodone, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.