

<b>Case Number:</b>	CM15-0195234		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of July 15, 1998. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for OxyContin and Dilaudid. The claims administrator referenced an RFA form dated July 24, 2015 and August 25, 2014 in its determination, along with progress notes of August 17, 2015 and September 14, 2015. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of hip pain, 5-9/10. The applicant's medication list included OxyContin, Dilaudid, Xanax, Nexium, Spiriva, Zestril, and Coreg, it was reported. Authorization for a gym membership was sought. The applicant had undergone an earlier right hip total hip arthroplasty, it was reported. A July 1, 2015 office visit was notable for commentary that the applicant had 4-8/10 pain complaints. The applicant was using an electric wheelchair to move about at times. The applicant reported poor sitting, standing, and walking tolerance. The applicant had multiple pain generators to include left and right hip and low back, it was reported. The applicant's medication list included OxyContin, Dilaudid, Xanax, Nexium, Spiriva, Zestril, and Coreg, it was reported. An electric wheelchair was sought. The applicant was asked to continue current medications. Little seeming discussion of medication efficacy transpired. The attending provider stated that the applicant was receiving his pain medications from another prescriber. The remainder of the file was surveyed. It did not appear that any of the reports of the applicant's primary prescriber, a pain management physician, were in fact incorporated into the IMR packet, including the September 14, 2015 office visit which the claims administrator seemingly based its decision upon.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg Qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**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, is 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's work status was not clearly reported on multiple office visits, referenced above, including on July 1, 2015, suggesting that the applicant was not, in fact, working. The attending provider's commentary to the effect that the applicant was using electric wheelchair to move about and was having difficulty to perform activities as basic as sitting, standing, and walking did not make a compelling case for continuation of opioid therapy with OxyContin. While it is acknowledged that the September 14, 2015 office visit which the claims administrator based its decision upon was not incorporated into the IMR packet, the historical notes on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Dilaudid 4 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** Similarly, the request for Dilaudid, a short-acting opioid, is 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 same. Here, however, the applicant's work status was not clearly reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The attending provider's commentary on July 1, 2015 suggested that the applicant was having difficulty performing activities as basic as standing, walking and sitting, coupled with the attending provider's failure to clearly report the applicant's work status, did not, in short, made a compelling case for continuation of the same. The applicant was reportedly using a wheelchair to move about, the treating provider reported on July 1, 2015. While it is acknowledged that the September 14, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request is not medically necessary.