

<b>Case Number:</b>	CM15-0200620		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/21/2005
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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  
 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 male, who sustained an industrial injury on 4-21-2005. The injured worker is undergoing treatment for: lower leg joint pain, hip pain, and reflex sympathetic dystrophy of lower limb. On 9-14-15, and 9-28-15, he reported pain to the low back, right lower extremity, right elbow and right hip. He indicated his pain level decreased since his last visit and currently rated it 6 out of 10, and without medications 9 out of 10. He reported taking his medications as prescribed and denied side effects. No aberrant behaviors are noted. He requested a trial of Oxycontin and this is reported as ineffective and he now would like to restart oxymorphone indicating this to be "very effective and aides in continuing activities of daily living". Physical findings revealed a right sided antalgic slowed and wide based gait, restricted lumbar range of motion, tenderness and tight muscles noted in the low back, and positive straight leg raise testing on the left, and tenderness over the groin and trochanter on the right. The treatment and diagnostic testing to date has included: QME (3-10-09), medications. Medications have included: Cymbalta, Trazodone, Paxil, Norco, Neurontin, Flexeril Lidoderm patches, and Omeprazole. The records indicate he has been utilizing opioid pain medications since at least March 2009, possibly longer. Current work status: full duty with medications. The request for authorization is for: Oxymorphone HCL ER 10mg quantity 60, and 12 sessions of physical therapy. The UR dated 9-15-2015: non-certified Oxymorphone HCL ER 10mg quantity 60, and conditionally non-certified the request for 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Oxymorphone HCL ER 10mg #60: 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.

**Decision rationale:** The California MTUS states: When to Continue Opioids(a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain reduced from a 9/10 to a 6/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.