MAXIMUS Federal Services

| Case Number: | CM15-0213698 | | |
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| Date Assigned: | 11/03/2015 | Date of Injury: | 09/13/2002 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

## 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 62 year old female who sustained an industrial injury 09-13-02. A review of the medical records reveals the injured worker is undergoing treatment for sacroilitis, lumbago, and lumbar disc degeneration. Medical records (09-22-15) reveal the injured worker reports the medication allowed her to experience less pain and be more active performing activities of daily living. The pain is not rated or specified. The physical exam (09-22-15) reveals lumbar spine paraspinal tenderness. Active range of motion is decreased with extension after flexion. Prior treatment includes lumbar fusion, spinal stimulator, bilateral sacroiliac joint fusion, and long term use of medications including Fentanyl patches and Oxycodone. The original utilization review (10-02-15) non certified the request for Oxycodone 30m g #60 and modified the request for Fentanyl 50mcg/hr #10 to #3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL (hydrochloride) 30mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** 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 no documentation of significant subjective improvement in pain such as VAS scores. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

**Fentanyl patch 50mcg/hr, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

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

**Decision rationale:** 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 no documentation of significant subjective improvement in pain such as VAS scores. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.