

<b>Case Number:</b>	CM15-0033958		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 5, 2000. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve requests for OxyContin, Maxalt, and clonidine patches. The claims administrator referenced a progress note of November 26, 2014 in its determination. The claims administrator stated that no clinical progress notes were attached to an RFA form of January 27, 2015. The claims administrator referenced a variety of MTUS and non-MTUS guidelines, including the now-outdated, now-renumbered MTUS 9792.20e, which the claims administrator mislabeled as originating from the current MTUS. The overall report was over 20 pages long and quite difficult to follow. On February 29, 2015, the applicant was given prescriptions for both OxyContin and oxycodone. In an RFA form dated January 27, 2015, OxyContin, clonidine patches, and Maxalt were endorsed. On December 31, 2014, the attending provider stated that he was appealing previously denied medications. In an associated progress note dated December 30, 2014, the applicant reported persistent complaints of low back pain. It was stated that the applicant had had a lumbar spine surgery at some unspecified point in time. The applicant was kept off of work, on total temporary disability, for three months, while OxyContin was renewed. The note was sparse, thinly developed, handwritten, and not entirely legible. There was no mention made of the applicant's having issues with migraine headaches. The applicant had apparently undergone earlier cervical spine surgery on October 10, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7 When to Continue Opioids Page(s): 80.

**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/is off of work, on total temporary disability, despite ongoing usage of OxyContin, it was noted in a handwritten December 31, 2014 progress note. On that date, the attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of ongoing opioid therapy (if any). Therefore, the request was not medically necessary.

**Maxalt MLT 10 #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS AND USAGE MAXALT is indicated for the acute treatment of migraine attacks with or without aura in adults.

**Decision rationale:** Similarly, the request for Maxalt was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47, notes that it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending providers progress notes and documentations, the bulk of which was handwritten, difficult to follow, and not entirely legible, made no mention of for what purpose Maxalt was being employed. There was no mention of the applicant's having issues with migraine headaches for which Maxalt is indicated, per the Food and Drug Administration (FDA). Therefore, the request was not medically necessary.

**Clonidine patches 1/24 #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines CRPS, medications Page(s): 38.

**Decision rationale:** Finally, the request for clonidine patches was likewise not medically necessary, medically appropriate, or indicated here. While page 38 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that clonidine is a second-line medication for complex regional pain syndrome, in this case, however, there was no mention of the applicants carrying a diagnosis of complex regional pain syndrome (CRPS) for which introduction, selection, and/or ongoing usage of clonidine patches would have been indicated. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, the attending providers documentation, including the handwritten December 31, 2014 progress note, contained no references to or mention of why, for what purpose, and/or what diagnosis clonidine (Catapres) was being employed. Therefore, the request was not medically necessary.