

<b>Case Number:</b>	CM15-0080233		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55-year-old female, who sustained an industrial injury on 3/16/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral upper and lower extremity complex regional pain syndrome, spinal cord stimulator placement, tenosynovitis, lateral epicondylitis and chronic cervicogenic headaches. There is no record of a recent diagnostic study. Treatment to date has included Botox injections, cervical and lumbar spinal cord stimulators and medications management. In a progress note dated 3/26/2015, the injured worker complains of headaches that are improved since receiving Botox injection. The IW is had limitations with ADL. She was noted as wheelchair bound and requiring homehealth assistants for ADL. The treating physician is requesting Ultracet and OxyContin. The medications listed are Cymbalta, Dexilant, Flector patch, lorazepam, Wellbutrin, Ultracet, OxyContin, Neurontin, medical marijuana and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) chapter - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with sedative and psychiatric medications. The records indicate that the patient is utilizing multiple high dose opioids, sedatives, psychiatric medications and medical marijuana concurrently. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. There is documentation of severe limitation of ADL despite utilization of spinal cord stimulators, Botox injections and multiple opioids medications. The criteria for the use of Ultracet 37.5/325mg #60 were not medically necessary.

**Oxycontin 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) chapter - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with sedative and psychiatric medications. The records indicate that the patient is utilizing multiple high dose opioids, sedatives, psychiatric medications and medical marijuana concurrently. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. There is documentation of severe limitation of ADL despite utilization of spinal cord stimulators, Botox injections and multiple opioids medications. The criteria for the use of OxyContin 10mg #60 was not medically necessary.