

<b>Case Number:</b>	CM14-0180824		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/23/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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], employee who has filed a claim for chronic low back pain and knee arthritis reportedly associated with an industrial injury of March 23, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated October 20, 2014, the claims administrator failed to approve request for Norco and OxyContin. The applicant's attorney subsequently appealed. In a July 5, 2007, medical-legal evaluation, the applicant presented with ongoing complaints of low back pain. The medical-legal evaluator stated that the applicant should remain off of work, on total temporary disability. The medical-legal evaluator retrospectively declared the applicant totally temporarily disabled effective the date of the spine surgery, July 24, 2006. In a progress note dated October 31, 2014, the applicant reported ongoing complaints of low back pain, knee pain, and back pain, reportedly worsened since the last visit, exacerbated by coughing. The applicant was given diagnoses of knee pain status post total knee arthroplasty about the left knee, right knee degenerative joint disease, chronic low back pain/failed back syndrome status post earlier lumbar laminectomy surgery, chronic opioid dependency, anxiety, depression, and umbilical hernia. It was stated that the applicant's sacroiliac joints might be the current source of his complaints. Diagnostic sacroiliac joint injections were endorsed. OxyContin and Norco were renewed. The attending provider stated that he had recommended that the applicant wean off of the opioids but expressed some concern that the applicant might develop withdrawal symptoms and will need to do so in too rapid a manner. The applicant was asked to consult a general surgeon to evaluate his reported ventral hernia. The applicant's work status was reportedly "unchanged," since the applicant was not working. In an October 14, 2014, progress note, the applicant reported ongoing

complaints of low back pain and left knee pain status post failed left knee total knee arthroplasty. The provider noted that the applicant had a long and tortuous history of treatment. It was acknowledged that the applicant had "failed to make meaningful improvement" with prior treatment. The applicant had continued "profound pain and disability and impaired function," it was acknowledged. Laboratory testing and a bone scan were ordered to evaluate the source of the applicant's knee pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OxyContin 80 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 86.

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

**Decision rationale:** 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 is no longer working. The applicant has not worked in what appears to be a span of several years. Several of the applicant's treating providers have themselves acknowledged that earlier therapy, including earlier opioid therapy, has failed to generate any meaningful improvement as the applicant continues to report severe complaints of pain and is having difficulty performing activities of daily living as basic as standing and walking. Therefore, the request is not medically necessary.

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 86.

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

**Decision rationale:** 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 is no longer working. The applicant does not appear to have worked in what appears to be many years. Several of the applicant's treating providers have themselves acknowledged that ongoing opioid usage, including ongoing Norco usage, have not proven beneficial here. The attending providers have failed to outline any quantifiable improvements in terms of either pain or function achieved as a result of ongoing opioid usage, including ongoing Norco usage. Therefore, the request is not medically necessary.

