

<b>Case Number:</b>	CM14-0212938		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator approved a request for Colace, partially approved a request for oxycodone, denied a request for carisoprodol, denied a request for OxyContin, and approved a request for an Internal Medicine consultation. The claims administrator referenced a progress note and associated RFA form of November 13, 2014, on top of this report, although this did not appear to have been summarized. The applicant's attorney subsequently appealed. On July 16, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, shoulder, and elbow pain with associated headaches. The applicant was asked to pursue acupuncture, electroacupuncture, and massage therapy. In an Internal Medicine consultation dated April 3, 2014, the applicant reported persistent complaints of low back pain with attendant complaints of depression, anxiety, headaches, fatigue, malaise, and erectile dysfunction. The applicant was not working and last worked in December 2011, it was acknowledged. The applicant was on OxyContin, oxycodone, Theramine, Sentra, Xanax, Wellbutrin, and marijuana, it was suggested. The applicant was placed off of work, on total temporary disability. The applicant later went on to receive an H-wave device. The remainder of the file was surveyed. The November 2014 progress note which the claims administrator predicated its decision upon was not incorporated into the independent medical review packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

**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, the applicant was/is off of work. The applicant continues to report severe pain complaints. The applicant has not worked since 2011. Historical progress notes suggested that the applicant is having difficulty performing having even basic activities of daily living such as household chores, activities of daily living, sitting, standing, sleeping, etc. While the November 13, 2014 progress note, which the claims administrator predicated its decision upon, was not incorporated into the independent medical review packet, the information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

**Carisoprodol 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioids agents. Here, the applicant was/is using both oxycodone and OxyContin, opioid agents. Long-term usage of carisoprodol or Soma, as is implied via the 60-tablet two-refill supply at issue, is not recommended in conjunction with opioid therapy. Therefore, the request was not medically necessary.

**Oxycontin 20mg #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

**Decision rationale:** As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is recommended in applicants who are engaged in illicit activities, such as usage of illicit substances. Here, the applicant was/is using marijuana, an illicit substance. Discontinuing OxyContin, thus, appears to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.