

<b>Case Number:</b>	CM14-0216043		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: North Carolina, Georgia  
 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 claimant had a date of injury of 2/14/2013. He is treated for ongoing neck spasms and pain. Prior treatment has included physical therapy, home exercise program and medications. According to the submitted records, the claimant is no longer performing home exercise program and reports his pain poorly controlled by oxycodone 15 mg. The requests are for oxycodone 15 mg #120 and one functional restoration program. The original UR decision modified the oxycodone request to allow a lower number of pills for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
 Page(s): 74-89.

**Decision rationale:** The California MTUS allows for the use of opioid medication, such as Oxycodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Previous utilization reviews have been approved on modified basis for the purpose of weaning the medication. The original utilization review for this case also provided modified approval for purpose of weaning the Oxycodone. Therefore, the record does not support medical necessity of ongoing opioid therapy with Oxycodone 15 mg #120. This request is not medically necessary.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The California MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant has no clear documentation of motivation to changes and has very high pretreatment level of pain and more importantly has high levels of depression and anxiety, which as yet are

inadequately treated. Taken together, these two factors alone are sufficient to indicate that a functional restoration program is not expected to be successful in this case at this time and is not medically necessary.