

<b>Case Number:</b>	CM15-0146658		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/21/2001
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 21, 2001. In a Utilization Review report dated July 16, 2015, the claims administrator partially approved a request for oxycodone, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form received on July 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant reported ongoing complaints of low back pain. The attending provider contented that the applicant's ability to sleep and vacuum her home had been ameliorated as a result of ongoing medication consumption. 6/10 pain with medications versus 10/10 pain without medications was reported. The applicant's medication list included Cymbalta, Duragesic, Neurontin, morphine, oxycodone, and Desyrel, it was reported. The applicant was "unemployed," it was reported in the social history section of the note. The applicant was still smoking every day. Multiple medications were renewed, including Cymbalta, Neurontin, extended-release morphine, oxycodone, and trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Opioids, dosing Page(s): 80; 86.

**Decision rationale:** No, the request for oxycodone, a short-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 off of work, it was reported on June 29, 2015. The applicant was "unemployed," it was acknowledged on that date. While the attending provider did recount a reported reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication consumption. The attending provider's commentary to the effect that the applicant's ability to vacuum her home and/or sleep as a result of ongoing medication consumption did not constitute evidence of substantive improvement in function and was, furthermore, outweighed by the applicant's seeming failure to return to work and the applicant's consumption of opioids in an overall amount well in excess of the 120 mg oral morphine equivalents daily suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Here, the applicant's consumption of Duragesic at a rate of a 150 mcg patch every 72 hours, extended-release morphine 15 mg twice daily, and oxycodone 30 mg four times daily represented a total of 330 morphine equivalents daily, again, well in excess of the 120 oral morphine equivalents daily limits of her opioid usage, per page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.