

<b>Case Number:</b>	CM15-0070899		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male who sustained an industrial injury on 7/1/13. He has reported initial complaints of low back pain with injury after slipping and falling backwards and hitting his head. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis sprain/strain of shoulder and upper arm, impingement syndrome of left shoulder, cervical spondylosis without myelopathy and headache. Treatment to date has included medications, diagnostics, injections, surgery, physical therapy, activity modifications. The diagnostic testing that was performed included x-rays left shoulder, cervical and thoracic spine. As per the physician progress note dated 10/1/14, the injured worker complains of feeling worse with the left shoulder pain and continues to have throbbing pain that radiates to the left hand. He states the pain was rated 8/10 on pain scale. The objective findings revealed pain, stiffness and limited range of motion in the left shoulder, pressure pain with headache to the cervical spine and burning pain to the lumbar spine. The physician noted that he is recommending pain management due to ongoing need for narcotic pain medications. The physician requested treatments included Oxycodone 10mg tablet 1 tablet five times daily for 30 days #150 and Fentanyl 50mcg/hour transdermal patch every 72 hours for 30 days #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg tablet 1 tablet five times daily for 30 days #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Fentanyl 50mcg/hr transdermal patch every 72 hrs for 30 days #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.