

<b>Case Number:</b>	CM15-0095730		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/29/1990
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 29, 1990. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve requests for OxyContin and oxycodone. The claims administrator referenced an order form and associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant had also apparently undergone a spinal cord stimulator implantation. The applicant's medications included Flexeril, Levoxyl, Zestril, Robaxin, nitroglycerin, Prilosec, OxyContin, oxycodone, Protonix, Inderal, testosterone, and Voltaren gel, it was reported. The applicant was not currently employed, it was suggested in the social history section of the note. The applicant was still smoking, it was further noted. Large portions of the note were highly templated. The applicant was ultimately given refills of OxyContin and oxycodone while drug testing was ordered. The applicant had reportedly worsened over the preceding months, it was acknowledged. The applicant's pain complaints were intolerable, it was stated in one section of the note. The applicant's functioning was deteriorating over time, the treating provider reported. Activities of daily living as basic as sitting, standing, and walking remained problematic. 10/10 pain without medications versus 7/10 pain with medications was reported. The applicant was using a cane to move about. The applicant was also using melatonin for sleep purposes. The applicant was asked to follow up with a spine surgeon.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, #60, 1 refill:** Upheld

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

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

**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 and unemployed as of the date in question, May 6, 2015. The applicant continued to report severe and intractable pain on that date, worsened by activities of daily living as basic as sitting, standing, and walking, it was reported. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

**Oxycontin 60mg, #60, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

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

**Decision rationale:** Similarly, the request for OxyContin, a long-acting opioid, was likewise 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 and unemployed as of the date in question, May 6, 2015. The applicant reported worsening, severe, and intolerable pain on that date, it was reported. Activities of daily living as basic as sitting, standing, and walking remained problematic, it was noted. The applicant was using a cane to move about. While the attending provider did recount some reported reduction of pain scores from 10/10 without medications to 7/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the applicant's seemingly deteriorating function over time. Therefore, the request was not medically necessary.

