

<b>Case Number:</b>	CM14-0148106		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/01/1979
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 November 1, 1979. Thus far, the claimant has been treated with the following: Analgesic medications; opioids therapy; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated August 26, 2014, the claims administrator partially certified a request for oxycodone-aspirin, reportedly for weaning purposes. Non-MTUS ODG Guidelines were cited along with MTUS Guidelines. The applicant's attorney subsequently appealed. In a September 13, 2013, progress note, the applicant reported persistent complaints of low back pain. The applicant was using Percodan (oxycodone-aspirin) twice daily. The applicant was reportedly working part-time, it was stated at that point in time. The applicant stated that ongoing usage of Percodan was effective. The applicant stated that his activity was apparently curtailed somewhat owing to non-industrial cardiac issues status post pacemaker implantation. The applicant's BMI was 32. The applicant was asked to continue Percodan and attempt to lose weight by exercising. On August 13, 2014, the applicant was given apparently given a diagnosis of benign prostatic hypertrophy. Ancillary complaints of low back pain and diabetes were reported. In an April 28, 2014, progress note, the applicant was again described as having ongoing complaints of low back pain. The applicant stated that his pain levels were 7/10 without medications versus 0/10 with medications. The applicant was apparently working on a part time basis, twice a week. The applicant did have a variety of non-industrial concerns, including newly-diagnosed epilepsy, diabetes, and gastroesophageal reflux disease. Multiple medications, including the oxycodone-aspirin at issue, were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL - Aspirin 4.8355-325mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Weaning Of Medications

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

**Decision rationale:** The request in question does represent a renewal request. 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 same. In this case, the applicant has reportedly achieved and/or maintained part-time work status, reportedly imputed to ongoing opioid therapy with oxycodone-aspirin. The applicant has stated that his pain scores have dropped from 7/10 without medications to 0/10 with medications. Ongoing usage of oxycodone-aspirin, in short, does appear to generating appropriate reductions in pain and is providing appropriate improvements in activity. Therefore, the request is medically necessary.