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| <b>Case Number:</b>   | CM13-0019380 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 09/04/2006 |
| <b>Decision Date:</b> | 03/21/2014   | <b>UR Denial Date:</b>       | 08/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 51-year-old male who reported an injury on 09/04/2006. Review of the medical record reveals that the patient's diagnoses include ICD-9 code: 724.5, low back pain; ICD-9 code: 728.85, muscle spasm; ICD-9 code: 722.10, lumbar radiculopathy; ICD-9 code: 722.51, spine thoracic degenerative disc disease; ICD-9 code 722.52, spinal lumbar degenerative disc disease; and ICD-9 code: 805.8, compression fracture of the vertebrae. The patient complained of back pain radiating from his low back down the bilateral legs and right shoulder pain. It is stated on the progress report and visit note dated 07/18/2013 that the patient stated that his pain level had remained unchanged since the prior visit. He had no new problems or side effects. The patient stated that since the last visit, his quality of life had remained unchanged as well. Objective findings upon examination revealed that range of motion was restricted with flexion limited to 45 degrees, limited by pain, and extension limited to 5 degrees, limited by pain. There were noted paravertebral muscle spasms and tenderness noted on both sides. The patient was unable to heel and toe walk. Lumbar facet loading was positive bilaterally. Straight leg raise test was negative. Babinski's sign was negative as well. Motor strength examination revealed that motor testing was limited by pain. Light touch sensation was patchy in distribution; sensation to pinprick was decreased over the right L3-S2 and surgical scars; dysesthesias were present over the right lower extremity below the knee on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90, DOS: 8/12/2013:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The Chronic Pain Guidelines indicate that with the use of opioids for ongoing management of pain, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should also be a pain assessment provided in the medical record. There is no documentation in the medical record of any pain relief or functional status, appropriate medication use with the use of the requested medication in the medical record. The patient has been taking the requested medication for a significant amount of time and continues to have significant complaints of pain and states that his quality of life and activity level have remained the same with the use of the requested medication. The medical necessity for continued use of the medication cannot be determined at this time due to the continued complaints of significant pain with the use of the medication. As such, the request for Oxycontin 40 mg #90 for the date of service of 08/12/2013 is non-certified.

**Oxycontin 20mg, #90, DOS: 8/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The Chronic Pain Guidelines indicate that with the use of opioids for ongoing management of pain, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should also be a pain assessment provided in the medical record. There is no documentation in the medical record of any pain relief or functional status, appropriate medication use with the use of the requested medication in the medical record. The patient has been taking the requested medication for a significant amount of time and continues to have significant complaints of pain and states that his quality of life and activity level have remained the same with the use of the requested medication. The medical necessity for continued use of the medication cannot be determined at this time due to the continued complaints of significant pain with the use of the medication. As such, the request for Oxycontin 20 mg #90 for the date of service of 08/12/2013 is non-certified.

**Norco 10-325mg, #240, DOS: 8/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 2013 Pain Chapter: Long-Term Assessment - Opioids: Criteria for use of opioids, and Pain Chapter: Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The Chronic Pain Guidelines indicate that with the use of opioids for ongoing management of pain, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should also be a pain assessment provided in the medical record. There is no documentation in the medical record of any pain relief or functional status, appropriate medication use with the use of the requested medication in the medical record. The patient has been taking the requested medication for a significant amount of time and continues to have significant complaints of pain and states that his quality of life and activity level have remained the same with the use of the requested medication. The medical necessity for continued use of the medication cannot be determined at this time due to the continued complaints of significant pain with the use of the medication. As such, the request for Norco 10/325 mg #240 for the date of service of 08/12/2013 is non-certified.