

<b>Case Number:</b>	CM13-0030173		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/11/1974
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient has a date of birth 1/20/51 and a date of work injury 9/11/74. The diagnoses include postlaminectomy syndrome of lumbar region; lumbosacral spondylosis without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified; sciatica. There is a request for Oxycontin 30mg bid #60. There is a 10/1/13 progress report that states that the patient suffered a lower back injury in 1975, while performing a work-related accident. The patient has increased low back pain, which is rated as 10+ out of 10 on the visual analog scale (VAS) scale. The pain is a constant pain that can increase to sharp pain. The exacerbating factors include "every day activities or work". The only alleviating factors are epidurals, "swimming and exercises", and oral pain medications. Previously, the patient has tried physical therapy and aqua therapy, which have provided pain relief. The patient presents today for alternative and interventional options to alleviate the pain. Since the last visit, the patient's pain is worse in the bilateral low back, with increased left low radiculopathy. He presents today for medication management and refill. The lumbar flexion is limited to 45 degrees, due to moderate low back pain; the extension is limited to only 10 degrees due to facet loading pain. Palpation of the lumbar facets also elicits facet tenderness. The straight leg raise is positive at 30 degrees in the bilateral lower extremities. Palpation of bilateral quadratus lumborum and erector spinae muscles revealed spasms and twitching of the muscle bellies with point tenderness at various points. There is also exquisite tenderness of the thoracolumbar fascia. The myofascial pain also limits the patient's range of motion. The sacroiliac joints are non-tender to palpation. The Patrick's test is negative bilaterally. The motor testing is 5-/5 in the bilateral lower extremities. Sensory perception is intact to soft touch in the bilateral lower extremities. The patient's gait is mild-antalgic. The document indicates that patient will get refills of Norco, Oxycontin 30mg twice a

day, and Intermezzo. He will follow up in four (4) weeks for medication refill. He is scheduled for a transforaminal epidural steroid injection (TFESI). Per documentation, the patient's Morphine Sulfate 30mg was not refilled because treating provider is changing the opiate to Oxycontin 30mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OXYCONTIN 30MG BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** The Chronic Pain Guidelines recommend "The 4 A's for Ongoing Monitoring." These four domains include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The Guidelines indicate that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient has been on chronic opioid therapy and there is no documentation including the 4 A's of ongoing monitoring of opioid use in this patient. Additionally, the patient has been on chronic opioid therapy and there is no significant improvement in analgesia or function. The request of Oxycontin 30mg BID #60 is not medically necessary per the MTUS guidelines.