

<b>Case Number:</b>	CM13-0031300		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported injury on 06/25/2001. The mechanism of injury is unknown. The injured worker complained of chronic low back pain, bilateral hip pain, bilateral foot pain, and status post multiple lumbar fusions. Physical examination of the lumbar spine revealed healed posterior midline incision as well as anterior incision noted. There was still tenderness to palpation over midline incision as well as over the bilateral lumbar facet joints L2-S1. There continued to be restricted range of motion and painful range of motion was noted. There was pain most notable in extension and lateral rotation bilaterally. There was moderate lumbar paraspinous muscle spasm present. Motor strength in the lower extremities was rated 5/5, L3-S1. Deep tendon reflexes were trace patella and 1+ Achilles bilaterally. Left sided sacroiliac joint tenderness to palpation. Positive compression test at the sacroiliac joint, left side. Positive thigh thrust. The injured worker has diagnoses of status post multiple lumbar fusions, lumbar discogenic disease, chronic low back pain, status post bilateral plantar fascial releases, and status post bilateral tarsal tunnel releases. Past treatment on the injured worker consists of home exercise program, walking program, and medication treatment. Medications include OxyContin 20 mg 1 tablet by mouth 2 times a day, 90 tablets; Neurontin 600 mg 1 tablet by mouth 2 times a day, 90 tablets; Soma 350 mg 1 tablet by mouth 2 times a day, 90 tablets; Norco 10/325 mg 2 tablets by mouth 2 times a day, 180 tablets; and Bio freeze gel 3 times a day. Current treatment consists of OxyContin 20 mg 1 by mouth 3 times a day, 90 tablets. The rationale and request form for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78, 92.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The report submitted did not show any of the above. There was no documentation rating the injured worker's pain before and after the Oxycontin. There was also no mention of side effects or how long the medication worked. There was no mention as to how long the injured worker had been on the Oxycontin. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Furthermore, the Guidelines do not recommend Oxycontin for the use as PRN analgesics. There are virtually no studies of opioids for treatment of chronic low back pain with result in neuropathy. Given the above, the request for Oxycontin 20 mg #90 is not medically necessary.