

<b>Case Number:</b>	CM13-0040571		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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 46 YO male with a date of injury on 05/22/1997. The progress report dated 09/20/13 by [REDACTED] includes the following diagnoses: back pain, chronic pain syndrome, cauda equine syndrome with neurogenic bladder, arthritis of the ankle, and traumatic arthropathy of the ankle and foot. [REDACTED] is the requesting provider and he provided treatment report from 01/11/13 - 11/13/13. The patient continues with pain over the low back, buttock area, and ankle pain. The patient has failed other conservative treatment including injections. Exam findings include tenderness at lumbar facet joint, SI joint and right ankle joint. Range of motion is limited. [REDACTED] is requesting Oxycontin 40mg XR every 12 hours #90 and a toxic screen. The utilization review determination letter of 10/02/13 has noted modification of the Oxycontin 40mg XR every 12 hours to #60 for the month to enable the provider to assess the efficacy of the medication at decreasing pain score and improving function is reasonable. The toxic screen was deemed as reasonable and is certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg XR every 12 hours, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, criteria for use of Opioids. Page(s): 88-89.

**Decision rationale:** A total of 7 progress reports ranging between 03/11/2013 and 09/20/2013 were reviewed. The treating provider continues to document that the patient reports good pain control from the medication and that the patient reports increased physical activity, improvement in ADLs, mood, and sleep. MTUS Page 88 and 89 for long term use of opioids states that satisfactory respond to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS also states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS Page 81 regarding outcome measures states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether they are used should be maintained include the following: Current pain, the least reported pain over the periods 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. The treating provider documents general statements about pain control such as the patient reports good pain control from current opioid pain medications and reports increased physically activity, improvement in ADLs, mood, and sleep. However, MTUS requires that functioning should be measured using a numerical scale or validated instrument. None of the reports contained this information. Therefore, recommendation is for denial.

**Toxic screen.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misues, Drug testing. Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for urine drug testing.

**Decision rationale:** This patient has been on long term use of opioids and MTUS does recommend frequent random urine toxicology screens. MTUS does not discuss frequency of urine tox screening. However, ODG does recommend that urine drug testing should be based on documented evidence of risk stratification including the use of testing instrument. It also states that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. I did not see reports of urine drug screening in the past 6 months of records reviewed. Therefore, I agree with utilization review and believe the urine tox screen to be reasonable and authorization is recommended.