

<b>Case Number:</b>	CM13-0058142		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 55-year-old male who reported an injury on 08/27/2007, the mechanism of injury was not provided. The clinical note dated 12/04/2014 noted the injured worker presented with cervical radiating pain to the left arm and lumbar radiating pain to the left leg. Previous treatment included injections and medication. Upon examination, active range of motion for the lumbar spine was 45 degrees forward flexion and 15 degrees in extension, tenderness to palpation across the low back, motor strength was a 4/5 with giving way secondary to pain on the left, decrease to light touch on the left at the L4-5 and S1-3 dermatomes, the straight leg raise was positive for the left side and there was a positive facet loading in the lumbar bilaterally. Diagnoses were lumbago, bulging lumbar disc, lumbar facet arthropathy, spasms, cervicgia, lumbar radiculitis, cervical radiculitis, and lumbar radiculitis. The provider recommended continuation of OxyContin 20 mg, gabapentin 300 mg, Oxycodone 5 mg, the provider's rationale was not included within the medical documentation. The Request for Authorization Form was dated 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN ER 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria For Use.

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

**Decision rationale:** The request for OxyContin ER 20 mg with a quantity of 60 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk aberrant drug abuse behavior, and side effects. The injured worker has been prescribed OxyContin since at least 04/2013. The efficacy of the medication is not documented. The provider's request does not include the frequency of the medication in the request. As such, the request is not medically necessary.

**GABAPENTIN 300MG #120 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The request for gabapentin 300 mg with 5 refills is not medically necessary. The California MTUS state that gabapentin has shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and are considered a first line treatment for neuropathic pain. Combination therapy is only recommended if there is no change with first line therapy, with the recommended change being at least 30%. The included medical documents lack evidence of the efficacy of the gabapentin. The injured worker has been prescribed gabapentin since at least 04/2013. There is a lack of information related to decreased pain and increased function with the use of this medication. The provider's request does not include the frequency of the medication in the request. As such, the request is not medically necessary.

**OXYCODONE HCL 5MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria For Use.

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

**Decision rationale:** The request for Oxycodone HCl 5 mg with a quantity of 180 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk aberrant drug abuse behavior, and side effects. The injured worker has been prescribed oxycodone since at least 04/2013. The efficacy of the

medication is not documented. The provider's request does not include the frequency of the medication in the request. As such, the request is not medically necessary.