

<b>Case Number:</b>	CM13-0071133		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 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 is a 71 year old male injured worker with date of injury 4/6/00 with neck and low back pain. He also has right shoulder pain. Per 11/19/13 note, he also has swelling in his right upper extremity. He notes that the low back pain is constant in nature. He reported his pain as 8/10 with medications, he noted that medications do help improve his pain and function, he notes that without medications he will not be able to walk. Lumbar MRI was performed in 2004, but was unavailable for review. He was refractory to physical therapy and medication management. The date of UR decision was 11/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 80 MG #90:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). 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." Review of the available medical records reveal insufficient documentation to support the medical necessity of Oxycontin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. It is noted in the latest progress report dated 11/19/13 that without medications the injured worker would not be able to walk. However, he reported his pain as 8/10, indicating that the current treatment is not satisfactory. Additionally, the current dosage is 360 MED mg/day, well in excess of the recommended ceiling of 120, while the treating physician is a specialist in pain management, weaning should be underway. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.