

<b>Case Number:</b>	CM14-0009452		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Occupational 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 60-year-old male who has submitted a claim for Lumbago, Thoracic/Lumbosacral Neuritis/Radiculitis, Post-laminectomy Syndrome Lumbar Region, Intervertebral Lumbar Disc Disorder with Myelopathy, and Degenerative Lumbar/Lumbosacral Intervertebral Disc, associated with an industrial injury date of November 6, 2000. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain, rated 4/10 with medications and 10/10 without medications. On physical examination, deep tendon reflexes on all extremities were decreased but equal. Lumbar spine examination revealed tenderness of the lumbar paraspinal muscles, particularly at the L4-5 level. Range of motion was limited on all planes. Sciatic notch tenderness was noted on the right. Straight leg raise test was also positive on the right. Gait was antalgic and the patient ambulated using a single-point cane. Toe walking was abnormal on the right. Weakness and decreased sensation was reported on the right lower extremity. Urine drug tests dated December 20, 2012; January 16, 2013; April 18, 2013; August 5, 2013; and November 26, 2013 showed appropriate results. Treatment to date has included physical therapy, home exercise program, and medications including Oxycontin 80 mg 2 PO BID (since at least December 2012). Utilization review from January 16, 2014 modified the request for 1 prescription of Oxycontin 80 mg #120 to 1 prescription of Oxycontin 80 mg #73 for weaning purposes. The same utilization review denied the request for 1 urine drug screen because there were no signs of aberrant behavior that would warrant drug testing at a frequency higher than 3-4 times per year or twice within less than a 6-month period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 80MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Oxycontin was being prescribed since at least December 2012 (19 months to date). However, given the 2000 date of injury, the exact duration of opiate use is not clear. The medical records showed that the medications prescribed kept the patient functional and provided pain relief. However, the records showed that aside from Oxycontin, the patient was also taking Percocet and Medrol. Hence, functional improvement and pain relief cannot solely be attributed to Oxycontin. Furthermore, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary. Therefore, the request for Oxycontin 80mg #120 is not medically necessary.

**URINE DRUG SCREEN:** 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 9792.24.2, Drug Testing, Opioids, On-going Management Page(s): 43 & 78.

**Decision rationale:** According to pages 43 & 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. In addition, drug screening is recommended for patients undergoing opioid management with issues of abuse, addiction, or poor pain control. In this case, previous urine drug screens showed appropriate results. However, there was no discussion regarding presence of issues of abuse, addiction, or poor pain control with opioid management. Therefore, the request for urine drug screen is not medically necessary.