

<b>Case Number:</b>	CM14-0106481		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injury on 07/25/2001. The diagnoses were left ankle impingement, fracture ankle NOS-closed. The mechanism of injury was the injured worker was struck on the head from behind with an object. The documentation indicated the injured worker had trialed hydrocodone, Opana IR and morphine which caused significant GI side effects. Eventually, the injured worker was noted to be placed on Oxycontin 60 mg twice a day which the physician documented the injured worker tolerated well and had minimal pain. The injured worker indicated that his prior physician had closed her practice, and since she closed her practice, he had discontinued opioid medications and his pain level had increased significantly. The injured worker was requesting a return to opioid medications for the treatment for his pain symptoms. The injured worker had complaints of pain in the right neck radiating down the entire right side of his body and down his right leg into his right great toe. The injured worker complained of severe pain in his testicles. The injured worker's pain was an 8/10 without the use of medications. The surgical history included a cervical discectomy and fusion in 2004 with a redo surgery in 2007. The injured worker's medications included metformin, simvastatin, atorvastatin, baby aspirin, and Nexium. The physical examination revealed the injured worker had 1+ palpable muscle spasm in the cervical spine. Additionally, the injured worker had cervical paraspinous tenderness. The injured worker had global weakness in the right upper extremity compared to the left graded 3/5. This included the biceps, triceps, and brachial radialis muscles. The injured worker had hypesthesia in the right C6 and C7 dermatomes. The injured worker had right sided paraspinous tenderness with no palpable muscle spasm in the lumbar spine. The injured worker had decreased range of motion in the lumbar spine and a positive straight leg raise on the right at 45 degrees. The muscles testing and sensory examination as well as the reflexes were within normal limits bilaterally and equal. The diagnosis included

postlaminectomy syndrome with cervical region, cervical spondylosis without myelopathy, brachial neuritis or radiculitis and myositis and myalgia. The treatment plan included continue Opana ER and Lidoderm patches as well as Prevacid 30 mg. It was indicated the injured worker was managed with Opana IR 10 mg every 8 hours, Prevacid 30 mg, and Lidoderm 5% patches. An additional treatment plan included a trial of Oxycontin 20 mg twice a day #60. It was noted the injured worker had previously utilized Oxycontin with good pain relief and had side effects with multiple medications in the past including hydrocodone, oral morphine, and Opana IR. Additionally, the request was made for a random urine drug screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was documentation that the injured worker was being monitored for aberrant drug behavior through urine drug screens. The duration of use was noted to be a restart on a trial period; however, it was indicated the injured worker had previously utilized the pain medication and the injured worker had good pain relief with the medication. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain and documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycontin 20 mg #60 is not medically necessary.