

<b>Case Number:</b>	CM14-0010043		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/24/2013
<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 Internal 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 injured worker is a 48 year old female who sustained an injury on November 5, 2012 when she was involved in a motor vehicle accident. The injured worker struck a telephone pole sustaining an injury to the face, head, neck, left shoulder, low back, and left leg. The injured worker has been followed for persistent headaches, loss of memory, and visual disturbances. The injured worker has been treated with Effexor for psychological symptoms. Pain had been managed with Oxycontin extended release 40mg 3 times daily for baseline pain control as well as Oxycodone 50mg 1-3 tablets every 3-4 hours for general pain and pain flares. Other medications were noted to include Soma, Ambien, as well as Effexor. The injured worker was seen on January 9, 2014. The injured worker's pain scores at this evaluation were 6-7/10 on the visual analog scale (VAS). The injured worker continued to report chronic low back pain with increasing pain in the left shoulder as well as neck pain. The injured worker also described depression, anxiety, and insomnia. On physical examination, there was diminished range of motion in the left shoulder with loss of motor strength and sensation in the upper extremities in a C5 through C7 distribution. Spasms and trigger points were present. In the lumbar spine, there was weakness present in the left lower extremity with sensory loss in a left L4 through S1 distribution. Lesegue's sign was positive and there was focal tenderness in the facets. There was loss of lumbar range of motion noted on flexion and extension. Follow up on February 3, 2014 noted unchanged pain scores at 6/10 on the visual analog scale (VAS). The injured worker's symptoms had not significantly changed. Physical examination findings remained unchanged. The injured worker was reported to be functional on the current doses of narcotic medications. The requested Oxycontin ER 40mg, quantity 90 and Oxycodone 15mg, quantity 240 was denied by utilization review on January 17, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN ER, 40 MG 1 TAB PO TID, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** In regards to the request for Oxycotin ER 40mg, quantity 90, this injured worker has been utilizing this medication long term. The clinical records do not specifically discuss any significant functional improvement or pain reduction obtained with the use of this medication for baseline pain control. The clinical documentation did not include any recent toxicology results or long term opioid risk assessments as compliance measures which would be indicated given the chronicity of this medication as well as the substantial amount of narcotics being utilized on a daily basis that exceeds the 120mg morphine equivalent dose (MED) per day limited recommended by the California MTUS Guidelines. The request is not medically necessary.

**OXYCODONE 15 MG 1-3 TABS PO Q3-4 HOURS PRN #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

**Decision rationale:** In regards to the request for Oxycodone 15mg quantity 240, this injured worker has been utilizing this medication long term. The clinical records do not specifically discuss any significant functional improvement or pain reduction obtained with the use of this medication for baseline pain control. The clinical documentation did not include any recent toxicology results or long term opioid risk assessments as compliance measures which would be indicated given the chronicity of this medication as well as the substantial amount of narcotics being utilized on a daily basis that exceeds the 120mg morphine equivalent dose (MED) per day limited recommended by the California MTUS Guidelines. The request is not medically necessary.