

<b>Case Number:</b>	CM14-0015167		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/01/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic shoulder pain, and purported thoracic outlet syndrome reportedly associated with an industrial injury of September 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; subsequent lumbar fusion surgery; and long-acting opioid therapy. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for OxyContin, citing non-MTUS ODG Guidelines and FDA Guidelines exclusively, although the MTUS in fact addressed the request at hand. The claims administrator erroneously stated the MTUS Guidelines officially incorporated ODG into the legal guideline framework. The claims administrator also denied a request for a neurosurgery referral as a precursor to a spinal cord stimulator trial/implantation. The claims administrator again cited non-MTUS ODG Guidelines exclusively, in its denial. The claims administrator apparently denied the spine surgery referral on the grounds that the applicant had not first completed a precursor psychological evaluation. The applicant's attorney subsequently appealed. A January 8, 2013 progress note is notable for comments that the applicant reported persistent low back pain radiating to the bilateral lower extremities. It was stated that the applicant is being referred to a neurosurgeon to consider a spinal cord stimulator trial. The applicant was presently on OxyContin, Norco, and Soma. It was stated that the applicant had cut back from 60 mg of OxyContin to 30 mg of OxyContin a day. The applicant was having ongoing issues with hypogonadism and sexual dysfunction, it was stated. The applicant was asked to obtain an evaluation with a neurosurgeon to consider a spinal cord stimulator trial. The applicant underwent trigger point injections in the clinic and received refills of a variety of medications, including OxyContin. The applicant's work status was not clearly detailed on this occasion;

however, it did not appear that the applicant was working. On September 10, 2013, the applicant was again described as reporting persistent low back pain complaints, 7/10, moderate-to-severe. The applicant was having persistent lower extremity weakness and continuing to report erectile dysfunction, possibly a function of the applicant's opioid therapy and/or depression.

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

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

#### **SPECIALTY REFERRAL TO NEUROSURGEON [REDACTED] (SPINAL CORD STIMULATOR): Overturned**

**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, SPINAL CORD STIMULATORS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 1

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which proved recalcitrant to conservative treatment should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has failed to return to work. The applicant has persistent pain complaints. The applicant has tried and failed several operative and nonoperative treatments. The applicant has failed opioid therapy. Obtaining the added expertise of a neurosurgeon to address the question whether or not spinal cord stimulator trial is indicated is therefore indicated and appropriate. The request for a specialty referral to neurosurgeon [REDACTED] (spinal cord stimulator) is medically necessary and appropriate.

#### **OXYCONTIN 10MG #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, OPIOIDS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS TOPIC;WHEN TO DISCONTINUE OPIOIDS TOPIC., 80;79

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to meet these criteria. The applicant is seemingly off of work. The applicant's function is markedly diminished in a number of areas. The applicant continues to report heightened complaints of moderate-to-severe pain from visit to visit. It is further noted

that the Chronic Pain Medical Treatment Guidelines suggests that continuing pain with evidence of intolerable adverse effects should lead the primary treating provider to discontinue the offending opioids. In this case, the applicant is reporting issues of erectile dysfunction and sleep disturbance, likely a function of ongoing opioid therapy. Thus, on balance, discontinuing OxyContin appears to be a more appropriate course of action than continuing OxyContin. The request for oxycontin 10mg, ninety count, is not medically necessary or appropriate.