

<b>Case Number:</b>	CM14-0018979		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Management 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:

This is a 41-year-old male patient with a 03/14/2005 date of injury. The 02/11/14 progress report indicates restricted lumbar ranges of motion in all directions with positive lumbar spine muscle spasm. Lumbar discogenic and sacroiliac joint provocative maneuvers were positive. Muscle strength is 5/5 in the bilateral lower extremities, except for 4/5 strength in the left extensor hallucis longus, left gastrocnemius/soleus and peroneal muscles. He was diagnosed with Lumbar post laminectomy syndrome, status post L5-S1 discectomy and fusion, left L5-S1 radiculopathy with left lower extremity weakness, left paracentral disc protrusion at L5-S1 with annular disc tear displacing the left S1 nerve root, lumbar degenerative disc disease. The 07/16/13 prescription included Percocet 10/325 mg, OxyContin 20 mg, and Ambien 10 mg. The 02/11/2014 progress report indicated that OxyContin 40 mg by mouth three (3) times a day was requested in quantity of 90, because it was medically necessary to treat the patient's around the clock pain as it provided 50% relief when taken three (3) times a day with maintenance of his activities of daily living. There were no documented aberrant behavior. There is documentation of a of a previous adverse determination on 01/17/2014, based on the fact that there was lack of documentation indicating side effects from the medication, and necessity of # 90 as the patient was noted to be taking the tablets twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN TABLET 40MG CR #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; WEANING OF MEDICATIONS Page(s): 75-86 AND 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

**Decision rationale:** The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. The patient presented with pain in lumbar spine and restriction of motion. He was diagnosed with Lumbar post laminectomy syndrome, status post L5-S1 discectomy and fusion, left L5-S1 radiculopathy with left lower extremity weakness, left paracentral disc protrusion at L5-S1 with annular disc tear displacing the left S1 nerve root, lumbar degenerative disc disease. The 02/11/2014 progress report indicated that OxyContin 40 mg by mouth three (3) times a day was requested in quantity of ninety (90) as it provided 50% relief when taken three times a day with maintenance of his activities of daily living. There were no documented aberrant behaviors. However, there was no discussion regarding non-opiate means of pain control, or endpoints of treatment, or attempts to wean or taper. In addition, the records did not clearly reflect continued analgesia, or lack of adverse side effects. Therefore, the request is not medically necessary.