

<b>Case Number:</b>	CM14-0125666		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation 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 37 year-old patient sustained an injury on 5/6/09 while employed by [REDACTED]. Request(s) under consideration include Oxycontin 40mg #90 with 0 refills. Conservative care has included medications, physical therapy, completion of Functional Restoration Program in 2013, and modified activities/rest. The patient continues to treat for ongoing chronic pain symptoms. Records indicated previous peer review on 2/7/14 modifying Oxycontin 40 mg certification for weaning purposes. Peer review discussion with NP noted patient had discontinued Pristiq due to adverse reaction with history of weaning of his opiates from FRP; however, it appears the patient remained not working on long-term opioid usage with psychological issues. The Oxycontin was again partially-certified for weaning purposes on 6/26/14. Report of 7/15/14 from the provider noted the patient with ongoing bilateral lower back pain. Current medications include Oxycontin 40mg TID (unchanged). Previous medications list Oxycodone, Morphine sulfate, Ibuprofen, Ativan, Methadone, Norco, and Naproxen. Exam showed TTP of lumbar paraspinals overlying L5-S12 facet joints; tenderness at left SI joint; restricted and painful range. The provider noted the patient had failed other opiates and had 40% reduction in pain and maintenance of ADL from Oxycontin. Noted was previous UDS consistent with no aberrant behavior. The request(s) for Oxycontin 40mg #90 with 0 refills was non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, on-going management; when to continue opioids, opioids f. Decision based on Non-MTUS Citation Official Disability Guidelines : pain chapter, opioids for chronic pain; opioid dosing; opioid hyperalgesia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycontin 40mg #90 with 0 refills is not medically necessary and appropriate.