

<b>Case Number:</b>	CM14-0155986		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/15/2000
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with date of injury of 07/15/2000. The listed diagnoses per [REDACTED] from 07/14/2014 are: 1. Status post lumbar fusion with subsequent hardware removal from May 2005. 2. Status post spinal cord stimulator implantation. 3. Lumbar radiculopathy. 4. Chronic low back pain. According to this report, the patient continues to experience chronic low back pain with pain radiating to both legs down to the feet. He has numbness and tingling in both legs. The patient reports burning pain on the anterior and lateral aspect of the left thigh. He currently rates his pain 4/10 to 8/10 on the visual analog scale (VAS). He uses a spinal cord stimulator mainly at night, and it does help to reduce his leg pain. The patient continues to take OxyContin for sustained pain relief and Norco 5 tablets daily for breakthrough pain. The medications help bring his pain down from 10/10 to 3/10, which is tolerable, and enables him to move around and perform activities of daily living including spending time with his family and doing light housework. He denies excessive sedation, nausea, or vomiting associated with his medication. His constipation is controlled with Colace and flaxseeds. Heartburn related to medications is controlled by Prilosec. The treater also references a urine drug screen from 02/11/2014 that showed consistent results with his prescribed medications without any evidence of illicit drug use. The examination shows the patient is alert and oriented, in moderate discomfort. The patient has an antalgic gait and used a single-point cane. Moderate tenderness over the lumbar paraspinals were noted. A well-healed midline lumbar scar was observed. Diminished pinprick sensation on the anterior right thigh and lateral calf. Atrophy on the right calf. Weakness upon right ankle dorsiflexion and plantar flexion. Right EHL strength is weakened. Positive straight leg raise bilaterally. The documents include a

UDS from 02/11/2014 and an operative report for Bilateral TESI from 07/22/2013. The utilization review denied the request on 08/15/2014.

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

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

**Oxycontin 40mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 88,89,78.

**Decision rationale:** This patient presents with chronic low back pain with radiation to the bilateral legs and feet. The treater is requesting OxyContin 40 mg #90. For chronic opiate use, the California Medical Treatment utilization Schedule (MTUS) guidelines, page 88 and 89, on criteria for use of opioids states, "Pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." California MTUS, page 78, on ongoing management also require documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed OxyContin on 02/11/2014. The urine drug screen from 02/11/2014 show consistent results with prescribed medications without any evidence of illicit drug use. The 07/14/2014 report notes that the patient's pain level is a 10/10 without medications and a 3/10 with medications. The patient states that medications enable him to move around and performed activities of daily living including spending time with his family and doing light household work. He denies excessive sedation, nausea, or vomiting, and notes that constipation is controlled with Colace and heartburn is controlled with Prilosec. The treater states, "He continues to take the OxyContin for sustained pain relief and Norco 5 tablets daily for breakthrough pain." In this case, the treater has adequate documentation to support the continued use of OxyContin. Treatment is medically necessary.