

<b>Case Number:</b>	CM14-0156566		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 67 year old male with an injury date of 08/07/97. Only one partial undated treatment report was received by [REDACTED]. No subjective observations are included. Physical Examination of the lumbosacral spine shows 30% reduction in the range of motion. The treating physician also states the patient continues to have difficulties with his gait, and numbness and paresthesia feeling in his feet. The patient's diagnoses include myofascial pain syndrome; lumbosacral spine pain; neuropathic pain; nociceptive pain; and post-traumatic secondary osteoarthritis. Medications are listed as Dilaudid, Oxycodone (OxyContin), Celebrex, Amitizia, and Nexium. The utilization review being challenged is dated 09/09/14. Only two reports were provided dated. One is dated 01/13/14 and there is only one partial treatment report with no date that is date stamped received 07/07/14 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(DOS): 08/01/14 for Oxycontin (Oxycodone) 60mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with reduction in range of motion of the lumbosacral spine and difficulty with gait and paresthesia feeling in his feet. The treating physician requests (DOS) 08/01/14 Oxycontin (Oxycodone) 60 mg #90. The reports provided show this as a continuing medication on an unknown date. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief." The treating physician states this medication is to be used based on the patients degree of overall activity and daily requirements. [REDACTED] states regarding Dilaudid and Oxycodone, "we've attempted to alter these medications in the past and presently this seems to be the best medications for him.' Only one partial treatment report of unknown date and one urine toxicology report from 01/13/14 showing positive for opioids are provided. The date of the toxicology report presumably shows long term opioid use. In this case, the reports provided show very little discussion. There is no pain assessment or outcome measures as required and no specific ADLs are mentioned to show a significant improvement with use of this medication. Other than the urine toxicology report, there is no discussion of opiate management issues. In this case, there is not sufficient documentation to support long term opioid use as required by MTUS. Therefore, this request is not medically necessary.