

<b>Case Number:</b>	CM14-0169707		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/11/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 49 year old female who sustained an industrial injury on 05/11/08 when she slipped on wet floor and fell. A magnetic resonance imaging (MRI) of the lumbar spine in August 2008, revealed no evidence of fracture, disc extrusion or spinal stenosis. Electromyogram (EMG) and Nerve Conduction Studies (NCV) done 01/08/09 showed normal EMG, abnormal R sural nerve by virtue of prolonged distal latency and abnormal R tibial nerve by virtue of decreased proximal motor amplitude only. A magnetic resonance imaging (MRI) of lumbar spine in January 2014 revealed no herniated disc, central canal or neural foraminal space narrowing and no severe degenerative changes. Prior treatments included physical therapy, medications including Celebrex and Cymbalta and SI joint injections. The clinical note from 07/17/14 was reviewed. She had sudden onset of sharp pains in low back. Heat from rice bag for muscle spasms to low back was allowing her to sleep at night with pain medications. Diagnoses included low back pain and low back spasms. The plan of care included Celebrex 200mg BID, Cymbalta 60mg QHS, Oxycontin 10mg every 12 hours and Oxycodone 10mg every 6 hours PRN. Prior to that the employee had no documentation of treatment with opioids. The clinical note from 09/29/14 was also reviewed. Subjective complaints included chronic low back pain. Medications included Celebrex, Cymbalta, Oxycodone, Oxycontin, Reglan, Synthroid and Warfarin. Diagnoses included chronic back pain and backache. The request was for Oxycontin 10mg every 12 hours and Oxycodone 10mg every 4-6 hours as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10 mg # 54:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77-80.

**Decision rationale:** The employee had low back pain and spasms after an injury on 05/11/08. Prior treatments included medications including Cymbalta and Celebrex, no opioid therapy, physical therapy and SI joint injections. During the followup in July, 2014, she was started on Oxycontin and Oxycodone. There was no documentation of pain level, examination, functional status or urine drug screen. The request was for Oxycontin and Oxycodone. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Oxycontin 10mg PO every 12 hours and Oxycodone PRN since July 2014. There is no evidence that there is functional improvement from taking Oxycontin and Oxycodone. Her pain level was also not reported and work status was not clear. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on level of pain on a numerical scale, functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Oxycontin and oxycodone have not been met.

**Oxycodone 10 mg # 108:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77-80.

**Decision rationale:** The employee had low back pain and spasms after an injury on 05/11/08. Prior treatments included medications including Cymbalta and Celebrex, no opioid therapy, physical therapy and SI joint injections. During the followup in July, 2014, she was started on Oxycontin and Oxycodone. There was no documentation of pain level, examination, functional status or urine drug screen. The request was for Oxycontin and Oxycodone. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Oxycontin 10mg PO every 12 hours and Oxycodone PRN since July 2014. There is no evidence that there is functional improvement from taking Oxycontin and Oxycodone. Her pain level was also not reported and work status was not clear. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on level of pain on a numerical scale, functional improvement and lack of efforts

to rule out unsafe usage, the criteria for continued use of Oxycontin and Oxycodone have not been met.