

<b>Case Number:</b>	CM14-0170683		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/30/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 46-year-old female with date of injury of 03/30/2004. The listed diagnoses per [REDACTED] from 09/04/2014 are: 1. Status post right shoulder arthroscopy with revision of bicep tendon tear and rotator cuff tear repair. 2. Left shoulder pain due to fall on the left shoulder, rule out internal derangement. 3. History of anterior cervical discectomy and fusion at C4-C6 with removal of anterior plate, with ongoing dysphagia symptoms. 4. Low back pain with sprain/strain injury, facet arthrosis, MRI revealing disk herniation at L5-S1 with spinal stenosis. 5. Anxiety disorder, bipolar disorder, fibromyalgia, migraine headaches, iron deficiency anemia, COPD (chronic obstructive pulmonary disease, nonindustrial). 6. Right knee pain with sprain/strain injury, MRI of the right knee revealing no internal derangement. According to this report, the patient complains of ongoing neck and back pain. She had an MRI of the lumbar spine with a followup with neurosurgeon, [REDACTED], who suggested she be a candidate for surgery. The patient states she is now having worsening pain in her left shoulder. Her recent MRI revealed an L5-S1 disk herniation causing some spinal stenosis. She states she gets pain in both legs, more on the right than the left. Her pain today is rated 9/10 in her neck and back. Without medications her pain level is 10/10, and with medication a 4/10. She reports 50% reduction in her pain and 50% functional improvement with activities of daily living with medication use versus not taking them at all. The examination shows the patient is afebrile. Right shoulder exam reveals a well-healed subacromial incision. Range of motion is full. Impingement sign is mildly painful. Left shoulder reveals positive impingement sign with tenderness over the subacromion. Range of motion is limited in lateral abduction at 90 degrees and full forward flexion at 90 degrees. Low back exam reveals limited range of motion. Motor strength sensation

and deep tendon reflexes are grossly intact in the lower extremities. She ambulates with a slight limp with the right lower extremity. Deep tendon reflexes are +1 at the knees and ankles. Toes are downgoing to plantar reflex bilaterally. The documents include an MRI of the cervical spine from 02/1/2012, MRI of the lumbar spine from 04/04/2013, an esophagram from 05/19/2014, a left shoulder arthroscopy operative report from 10/18/2014, a rhizotomy procedure report from 06/20/2014 and an AME from 09/19/2013. The utilization review denied the request on 09/19/2014.

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

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

**Oxycontin 60mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89; 76-78.

**Decision rationale:** This patient presents with neck and back pain. The treater is requesting OxyContin 60 mg #60. For chronic opiate use, the MTUS Guidelines pages 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." MTUS page 78 on ongoing management, also requires documentation of the 4As 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 has been taking opioids since 2006. She was prescribed Oxycodone on 04/24/2014. The 09/04/2014 report notes that the patient's pain level without medication is 10/10 and with medication is 4/10. She reports 50% reduction in her pain and 50% functional improvement with activities of daily living with medication use. The treater further notes that urine drug screens have been appropriate, and she currently has a narcotic contract on file. In this case, while the treater provides some general documentation regarding the patient's pain and function, no specific ADL's are documented to determine significant improvement. No validated instruments are used to assess functional improvement. Outcome measures are not provided either. Request is not medically necessary.