

<b>Case Number:</b>	CM14-0172608		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of April 20, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; adjuvant medications; psychotropic medications; earlier lumbar spine surgery; subsequent hardware removal; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 30, 2014, the claims administrator failed to approve a request for OxyContin. The applicant's attorney subsequently appealed. In a progress note dated October 7, 2014, the applicant reported ongoing complaints of low back and shoulder pain, 7/10 with medication versus 10/10 without medications. The applicant was having difficulty performing sitting, standing, and walking activities. The applicant stated that his legs are becoming weaker over time. The applicant was apparently pending an orchiectomy procedure. The applicant's medication list included Lyrica, Zanaflex, Amitiza, Colace, BuSpar, OxyContin, Lidoderm, and Topamax, it was stated. The applicant's BMI was 32. Positive straight leg raising and hyposensorium was noted about the legs. Lumbar MRI imaging was endorsed while Lyrica and OxyContin were renewed. The applicant's work status was not stated, although it did not appear that the applicant was working. In a September 9, 2014, progress note, the applicant reported severe complaints of low back and left-sided scrotal pain. The applicant was having difficulty performing household chores and other activities of daily living. The attending provider complained that the claims administrator had denied the opioids at issue despite the fact that the applicant's surgical wounds were not fully healed. In an earlier progress note dated August 12, 2014, it was stated that the applicant had apparently had abdominal surgery resulting in placement of a colostomy bag. The applicant was given prescriptions for OxyContin, Amitiza, BuSpar, Lidoderm, and Topamax, it was

acknowledged. An earlier progress note of July 15, 2014, alluded to the applicant's having been hospitalized in April 2014 for a testicular gangrene and necrotizing fasciitis. The applicant was placed off work, on total temporary disability, on this occasion. On July 1, 2014, allusions were made to the applicant's having issues with psychological trauma requiring the applicant to remain off work, on total temporary disability. The applicant had apparently had a colostomy placed. Significant pain was reportedly present. Topamax and OxyContin were endorsed on this occasion. A July 18, 2014, progress note was also notable for comments that the applicant was recovering from recent surgery and was in need of assistance from his daughter to facilitate performance of activities of daily living. OxyContin was renewed on this occasion.

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

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

**Oxycontin 80 mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Section Page(s): 92.

**Decision rationale:** As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, OxyContin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Here, the attending provider's documentation, while at times incongruous, does seemingly suggest that the applicant underwent a failed lumbar hardware fusion removal earlier in 2014 and/or an orchiectomy procedure in late 2014. One or more of the applicant's surgical procedures was apparently complicated by an infection/necrotizing fasciitis. The applicant apparently had a colostomy bag in place. The attending provider wrote on a September 9, 2014, progress note that the applicant still had surgical wounds which are not yet healed. Thus, all evidence on file points to the applicant's having had multiple general surgery, urologic, and/or orthopedic procedures in mid to late 2014, with surgical wounds present on September 9, 2014, which were only incompletely healed. Around-the-clock analgesia with OxyContin was indicated on or around the date in question. Therefore, the request is medically necessary.

**Oxycontin 40 mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Section Page(s): 92.

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