

<b>Case Number:</b>	CM14-0020148		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/22/1999
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain management 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:

According to the records made available for review, this is a 58-year-old female with a 9/22/99 date of injury, and status post two cervical spine surgeries and bilateral shoulder surgeries. At the time (1/30/14) of request for authorization for Oxycontin 60 mg #60, Oxycodone 10 mg #120, and Cymbalta 20 mg #60, there is documentation of subjective (chronic neck and shoulder pain, pain rated 5/10), current diagnoses (pain in shoulder and cervical disc displacement without myelopathy), and treatment to date (medications (including ongoing use of Cymbalta and Oxycontin since at least 4/13), physical therapy, acupuncture, and activity modification). On 7/5/13 the medical report identifies that the patient is tolerating medications well without side effects, that medications help with pain and function, and that the patient is only receiving pain medication only from one office, and that no illicit substances were found on urine screen. Regarding Oxycontin 60 mg #60 and Oxycodone 10 mg #120, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin/Oxycodone use to date. Regarding Cymbalta 20 mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date.

### 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- Criteria For Use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80,92.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. Furthermore, MTUS definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of pain in shoulder and cervical disc displacement without myelopathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no specific documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 60 mg #60 is not medically necessary.

**OXYCODONE 10MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80,92.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. Furthermore, MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of pain in shoulder and cervical disc displacement without myelopathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no specific documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 10 mg #120 is not medically necessary.