

<b>Case Number:</b>	CM14-0026284		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 37-year-old male who reported an injury on 05/06/2009. The mechanism of injury was not provided within the documentation. Per the evaluation report dated 02/25/2014, the injured worker continued to report bilateral low back pain. On physical examination, there was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L5-S1 facet joints with lumbar extension worse than flexion. Sacroiliac joint provocative maneuvers, including Patrick's and Gaenslen's, were positive on the left as well as tenderness upon palpation of the left sacroiliac joint sulcus. There was restricted and painful range of motion in the lower extremities and trunk. The injured worker had reportedly utilized Oxycodone, morphine, methadone, and norco previously for pain control without success. Previous treatments for the injured worker included physical therapy, facet joint injections and medications. The diagnoses for the injured worker were reported to include bilateral lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, sacroiliac joint pain, lumbar sprain/strain and status post diagnostic facet joint medial branch blocks to L4-5 and L5-S1 bilaterally as well as bilateral L4-5 and L5-S1 facet joint radiofrequency nerve ablation. The Request for Authorization for Medical Treatment for the OxyContin 40 mg was dated 03/03/2014. The provider's rationale for the request was pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40MG #90 WITH 0 REFILLS:** Upheld

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

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

**Decision rationale:** Per the California MTUS Guidelines, long-acting opiates are a highly potent form of opiate analgesic. The proposed advantage of long-acting opiates is that they stabilize medication levels and provide around-the-clock analgesia. Opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear for greater than 16 weeks, but also appears limited. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids should be discontinued if there is no overall improvement in function unless there are extenuating circumstances, continuing pain or resolution of pain. There is a lack of documentation regarding the efficacy of this medication. There was a lack of documentation regarding urine drug screens for possible aberrant behavior although the documentation provided did indicate that the injured worker has been compliant with the medication. There was a lack of documentation regarding objective clinical findings that would indicate pain relief or an increase in function for this injured worker while on this medication. In addition, the request did not include frequency information for the medication. Therefore, the request for OxyContin 40 mg (Quantity: 90.00) with 0 refills is non-certified.