

<b>Case Number:</b>	CM14-0029101		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Texas and Oklahoma. 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 43-year-old female who reported an injury on 12/30/2001 due to an unknown mechanism. The injured worker had a physical examination on 09/25/2013 with complaints of chronic, severe cervical pain due to a degenerative joint and disc disease. She also had a history of complex regional pain syndrome of the bilateral upper extremities. The injured worker was waiting to have the intrathecal pump implant. The injured worker reported that the average pain without medication is 10 out of 10. With the medication, it is 4 to 5 out of 10. The day of the physical examination, the injured worker rated her pain 8 out of 10. The medications prescribed helped to keep her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The injured worker had complaints of constipation. Current medications for the injured worker were Kadian 200 mg 2 tablets twice a day, OxyContin 60 mg 2 tablets twice a day as needed for pain, Adderall 20 mg, Protonix 40 mg, Diclofenac Sodium CR 100 mg, Tizanidine HCL 4 mg, Omeprazole 20 mg, and Senna. Medications prescribed for the injured worker on the day of examination were Medrol Dose-pak use as directed, Inderal LA 10 mg, and Alprazolam. Treatment plan was for the injured worker to continue with conservative treatment which included home exercise program, moist heat and stretching. Goals were set for the injured worker which were to decrease pain, enhance sleep, improve mobility, improve self-care, increase recreational activities, increase social activities, increase physical activities, housework/employment. Past treatments were home exercises. No other modalities were noted. Diagnoses for the injured worker were awaiting Intrathecal system device implant and graft, tendinitis, left hand, tendinitis right wrist, carpal tunnel release, bilateral, cervical radiculopathy, degeneration of cervical intervertebral disc. The rationale and request for authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60 mg XR 12 hour tab (Oxycodone HCL) #90 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker is awaiting the Intrathecal pump implant. She states her pain is 10/10 without medications. With medication it is 4-5/10. She also stated that the medication helps her in activities of daily living. The California Medical Treatment Utilization Schedule states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There are four domains that have been proposed as most relevant for on-going monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant(or nonadherent) 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. Although the injured worker has reported pain relief and functional improvement from the medication the provider did not indicate a frequency for the medication. It was not noted when the injured worker was scheduled for the intrathecal pain pump. The morphine equivalent dosage for the injured worker's medications exceeds the recommended daily dose of 120mg. Therefore, the request of Oxycontin 60 mg XR 12 hour tab (Oxycodone HCL) #90 with one refill is not medically necessary and appropriate.