

<b>Case Number:</b>	CM14-0037363		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 58-year-old female with date of injury of 06/25/2001. The listed diagnoses per [REDACTED] from 01/22/2014 are: 1. Status post multiple lumbar fusion; 2. Lumbar discogenic disease; 3. Chronic low back pain; 4. Status post bilateral plantar fascial releases; 5. Status post bilateral tarsal tunnel releases. According to this report, the patient complains of chronic low back pain, bilateral hip, and bilateral foot pain. The patient is status post multiple lumbar fusions, bilateral plantar fascial releases and tarsal tunnel releases. She states that she still experiences pain daily and that pain medications do help. Examination of the lumbar spine reveals tenderness to palpation over the midline incision as well as over the bilateral lumbar facet joints at L2-S1. There is continued restrictive range of motion and painful range of motion noted. Moderate lumbar paraspinal muscle spasm is still present. Motor strength in the lower extremities is 5/5, at L3-S1. Deep tendon reflexes are 1+ bilaterally. Left-sided sacroiliac joint tenderness to palpation. The documents include progress reports from 07/31/2013 to 04/22/2014. The utilization review denied the request on 02/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, low back complaints, ankle and foot complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with chronic low back, bilateral hip, and bilateral foot pain. The patient is status post multiple lumbar fusions, bilateral plantar fascial releases and tarsal tunnel releases. The treating physician is requesting Oxycontin 20 mg Quantity 90. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentations of the 4 A's 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 was prescribed OxyContin on 07/31/2013. The 01/22/2014 report notes, "Pain medications do help." Other than this statement, the treating physician does not provide pain scales, no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. Recommendation is that the request is not medically necessary.