

<b>Case Number:</b>	CM14-0057565		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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:

This is a patient with a date of injury of July 7, 2011. A utilization review determination dated April 22, 2014 recommends modified certification of OxyContin. Modified certification was recommended to allow weaning of opiates. A progress report dated March 3, 2014 identifies subjective complaints of post cervical surgery with limitations, some depression, anxiety, and pain. Objective examination findings identify "confirmed by psychological testing." Diagnosis is posttraumatic stress disorder. Treatment plan recommend psychotherapy. A progress note dated March 5, 2014 identifies subjective complaints of continued neck pain rated as 7 on the VAS, low back pain rated a 7 on the VAS, and right knee pain rated as 4 on the VAS. Current medications include Restoril, Xanax, Phenergan, Imitrex, Norco, Zanaflex, OxyContin, and Cymbalta. The diagnoses include medial meniscus tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L3-5 facet arthropathy, C5-6, C6-7, and C7-T1 disc degeneration, C5-T-1 stenosis, status post left knee surgery October 4, 2013, and status post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation, partial corpectomy, February 19, 2014. The treatment plan recommends continuing a cervical collar and postoperative physical therapy. Additionally, continuing the current medication is recommended. There is documentation of informed consent for the use of controlled substance medication as well as an indication that random urine drug screening has been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin tab 30mg CR (Controlled Release), Days Supply: 30, QTY: 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for oxycontin, California Pain Medical Treatment Guidelines state that oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has recently undergone a surgical intervention. The note indicates that the patient is undergoing postoperative physical therapy. Additionally, it appears that informed consent has been obtained and that random drug testing has been performed. The patient's pain is rated as 7/10. It is acknowledged, that there is no documentation of analgesic benefit or objective functional improvement as a result of the currently prescribed OxyContin. However, since the patient is in the postoperative phase following cervical fusion, participating in physical therapy, has informed consent documented, and has had appropriate urine drug screening. As such, the currently requested OxyContin 30 mg CR #90 is medically necessary.