

<b>Case Number:</b>	CM14-0067544		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/10/1988
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 55-year-old male with a 9/10/88 of injury. At the time (4/9/14) of the Decision for 1 prescription of OxyContin 40 mg #90 and 1 quantitative multi panel urine drug screen, there is documentation of subjective (constant low back pain rated 10/10 at its worst) and objective (bilateral lumbar paraspinal muscle tenderness at L5-S1 and pain on anterior lumbar flexion, antalgic gait, and a positive straight leg raise on the right) findings, current diagnoses (lumbar intervertebral disc displacement without myelopathy and closed fracture of shaft of radius with ulna), and treatment to date (medications (including ongoing OxyContin, Norco, and Lodine)). Medical report identifies that there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and that the prescriptions are from a single practitioner. Regarding OxyContin, there is no documentation that the medications 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; 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 as a result of OxyContin use to date. Regarding quantitative multi panel urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of OxyContin 40 mg #90: Upheld**

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

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

**Decision rationale:** 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. 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 lumbar intervertebral disc displacement without myelopathy and closed fracture of shaft of radius with ulna. In addition, there is documentation of moderate to severe pain when a continuous around-the-clock analgesic is needed for an extended period of time and that the prescriptions are from a single practitioner; and ongoing treatment with OxyContin. However, there is no documentation that the medications 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. In addition, 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 as a result of OxyContin use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of OxyContin 40 mg #90 is not medically necessary.

**1 quantitative multi panel urine drug screen:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc displacement without myelopathy and closed fracture of shaft of radius with ulna. In addition, there is documentation of ongoing treatment with opioids. However, there is no

documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for 1 quantitative multi panel urine drug screen is not medically necessary.