

<b>Case Number:</b>	CM14-0075053		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 02/05/2008. His diagnosis was noted to be status post multiple lumbar surgeries with fusion at L4-5 and L5-S1 with radicular symptoms. Prior treatments were noted to be injections and medications. Surgical history was noted to be Caudal Epidural Injections. The subjective complaints on an evaluation dated 08/06/2014 include chief complaints of low back pain. The injured worker stated low back pain radiated to his left leg. He rated his pain without medication a 10/10 and with medication a 6/10. The objective physical exam findings included a surgical scar in the lumbar region which was well healed. Straight leg raise was positive. He had decreased sensation to light touch over the left L4, L5, and S1 dermatomes. The treatment plan was noted to be a refill for OxyContin and another Injection. The provider's rationale for the request was noted within the treatment plan of the 05/06/2004 evaluation. A request for authorization for medical treatment was not provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg CR #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting Opioids.

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

**Decision rationale:** The request for OxyContin 20 mg CR quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's, (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review does not provide an adequate pain assessment for the guidelines ongoing management of opiates. The assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a drug frequency. Therefore, the request for OxyContin 20 mg CR quantity 60 is not medically necessary.