

<b>Case Number:</b>	CM14-0093983		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, and is licensed to practice in Texas & 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 48-year-old male who reported an injury on 12/05/2008 due to a fall from a ladder. The injured worker's diagnoses included lumbar radiculopathy, anxiety disorder, brachial neuritis or radiculitis, and chronic pain syndrome. The injured worker underwent an MRI on 03/13/2013 that documented there was a 2 mm to 3 mm retrolisthesis and central disc protrusion at the L5-S1 and previous left foraminal extrusion at the L4-5. The injured worker underwent electrodiagnostic study on 03/04/2010 that documented L5 nerve radiculopathy, considered chronic. The injured worker's treatment history included an L4-5 lumbar microdiscectomy, physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 08/05/2014. It was documented that the injured worker had no significant improvement in low back pain. It was noted that the injured worker's medications allowed for an increase in participation of activities of daily living. It was noted that the injured worker was awaiting approval for back surgery. The injured worker's treatment plan was to wean the patient off medications after surgical intervention. Physical findings included tenderness to palpation of the cervical spine with reduced range of motion secondary to pain and left side positive Spurling's test. Evaluation of the lumbar spine documented paravertebral musculature and spasms with restricted range of motion and reduced sensation in the bilateral L5 dermatomal distribution with a bilateral positive straight leg raising test, and bilateral absent Achilles tendon reflexes. The injured worker's medications included Hydrocodone/APAP 10/325 mg, Ketoprofen 75 mg, Omeprazole 20 mg, Lidoderm patches 5%, Amrix ER 15 mg, Oxycodone IR 10 mg, and Oxycodone 40 mg. A Request for Authorization form to refill medications was submitted on 08/05/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, QTY: 60, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95 and 124.

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

**Decision rationale:** The requested Oxycontin 40 mg QTY 60 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by quantitative assessment of pain relief, managed side effects, functional increases, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker's medications allow for improved function. It is also noted that the injured worker's treatment plan is to wean off of medications after surgical intervention. However, in the current documentation submitted for review, there is no documentation that the injured worker is engaged in a pain contract and is monitored for aberrant behavior. There is no documentation of a quantitative assessment to support significant pain relief resulting from the use of medication. Furthermore, the injured worker's morphine equivalent dosage is over the recommended 120 morphine equivalents. Therefore, a reduction in medication would be supported in this clinical situation. However, no alteration to the request as it is submitted can be provided. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Oxycontin 40 mg QTY 60 with 1 refill is not medically necessary.