

<b>Case Number:</b>	CM13-0063308		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 44 year old male who suffered an industrial related injury on 5/15/11. A physician's report dated 6/5/13 noted the injured worker had back and leg complaints as well as bladder incontinence. The injured worker had received multiple injections, wears a back brace, and used a walker. The report noted the injured worker had significant weakness and numbness in the legs. The physician recommended L4-S1 instrumented fusion and decompression. The physician also noted that the injured worker would likely require ongoing pain management needs regardless of whether or not the surgery is performed. A MRI done on 5/10/13 revealed chronic bilateral L5 pars defects resulting in a 4mm grade 1 anterolisthesis of L5 on S1 with uncovering of the disc posteriorly which causes moderate right and mild left neural foraminal narrowing and encroachment on the exiting right L5 nerve root in the right neural foramen. Facet arthropathy at the L4-L5 and L5-S1 levels was also noted. The injured worker was on modified duty. On 11/25/13 the utilization review (UR) physician denied the request for OxyContin 20mg #60 with dates of service being 10/22/13, 8/7/13, and 3/11/13. The UR physician noted there was no documentation provided that corresponded to the requested dates of service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Oxycontin 20mg, #60 (Dos 10/22/13, 8/7/13, 3/11/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, p78, regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: 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 '4As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation pertaining to the retrospective dates of service. Without this clinical information, medical necessity cannot be affirmed. The request is not medically necessary.