

<b>Case Number:</b>	CM14-0148746		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/02/1998
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 72-year-old male who sustained an industrial injury on 01/02/1998. Diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, shoulder pain, spasm of muscle, elbow pain, spinal/lumbar degenerative disc disease and neuralgia/neuritis. Treatment to date has included medications, physical therapy, epidural steroid injections, intraarticular cortisone injections, chiropractic treatment and surgeries to the right knee, lumbar spine and left shoulder. He also had a failed trial of a spinal cord stimulator which caused chronic pain to the left elbow and left shoulder. Electrodiagnostic testing on 4/1/14 found acute right L4 and L2 or L3 radiculopathy. Results of an MRI of the lumbar spine in November of 2013 were L5-S1 left disc extrusion deviating the course of the S1 nerve root; severe right L3-L4 foraminal stenosis impinging the nerve root and severe bilateral facet capsulitis with 3mm facet gap. According to the progress notes dated 7/23/14, the IW reported back pain radiating from the low back down both legs rated 8-10/10 with medications; numbness in the anterior right thigh; intermittent left leg pain; left shoulder pain rated 5/10 with medications; and right knee pain rated 10/10 with medications and activity. On examination, there was tenderness, hypertonicity, spasms and a taut muscle band in the lumbar paravertebral muscles on palpation; there was decreased range of motion (ROM) and positive straight leg raise bilaterally at 80 degrees in a sitting position. All lower extremity reflexes were equal. The left shoulder joint was atrophic and ROM was limited due to pain with tenderness present over the joint. The right knee had swelling, restricted ROM, crepitus with motion, tenderness over the medial and lateral joint lines as well as the quadriceps tendon, and pain on varus and valgus stress. Sensation was decreased over the right knee and anterior thigh and over areas of the distal upper extremities. His medication regimen included Zoloft, Wellbutrin XL, Ambien, Metanx, Lyrica, Norco and Oxycontin. A request was made for Oxycontin 30mg, #120 for long-acting pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg, QTY: 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1998 and when seen, was being treated for left shoulder, right knee, and radiating low back pain. When seen, there was decreased and painful shoulder range of motion with tenderness. There was decreased knee range of motion with crepitus and an effusion. There was joint line and quadriceps tendon tenderness. There was decreased and painful lumbar spine range of motion with tenderness and muscle spasms. There was bilateral sacroiliac joint tenderness. Straight leg raising was positive. Norco and OxyContin were prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed was twice that recommended and there was no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.