

<b>Case Number:</b>	CM14-0168409		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/02/2001
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 2, 2001. In a Utilization Review Report dated September 23, 2014, the claims administrator partially approved a request for oxycodone while conditionally denying/delaying a request for epidural steroid injection therapy. The claims administrator stated that its decision was based on a progress note dated September 9, 2014. The applicant's attorney subsequently appealed. In a progress note dated October 8, 2014, the applicant reported persistent complaints of low back and leg pain status post earlier epidural steroid injection on September 22, 2014. The applicant was reportedly using unspecified pain medications at a rate of thrice a day versus five times a day. 10/10 pain without medications versus 3/10 pain with medications was appreciated. The applicant was using OxyContin every eight hours, it was suggested. The applicant was also using Flovent, Atrovent, and albuterol. In another section of the note, it was stated that the applicant reported 7/10 constant low back pain, sometimes 8-9/10 when activities such as prolonged standing and/or walking. OxyContin was the sole medication renewed. The applicant's work status was not furnished. In a progress note dated September 9, 2014, the applicant again reported persistent complaints of low back pain radiating into the right lower extremity. The applicant was using OxyContin every three hours, it was suggested. An average pain score of 7/10 was appreciated. 8-9/10 pain was appreciated with activities such as standing and/or walking. The applicant's leg pain was worsening over time. OxyContin was refilled. In an earlier progress note dated August 5, 2014, the attending provider stated that the applicant reported persistent complaints of low back pain radiating into the leg, 7-8/10 (at all times) and 8-9/10 with prolonged standing and/or walking. The applicant stated that his pain was interfering with all activities of daily living, including sleep, work, concentrating, and interfering with

family members. The attending provider stated at the bottom of the report that the applicant could continue using OxyContin at a rate of one tablet thrice to four times daily, seemingly on a p.r.n. basis. The applicant stated that pain was interfering with ability to perform all activities of daily living, work, concentrating, and interacting with family members. Similarly, on September 9, 2014, the applicant provider again wrote that the applicant could use OxyContin at a rate of 20 mg thrice to four times daily, again seemingly on a p.r.n. basis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Oxycontin 20mg #110: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Controlled Release (OxyContin) section, When to Continue Opioids topic Page(s): 92, 80.

**Decision rationale:** As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, OxyContin tablets are not intended for use a p.r.n. analgesic. In this case, however, the prescribing provider is, in fact, employing OxyContin for p.r.n. purposes. The applicant was asked to employ OxyContin on the date in question, September 9, 2014, at a rate of thrice to four times daily, seemingly on a p.r.n. or as-needed basis. On a progress note of October 8, 2014, the attending provider stated that an epidural injection had reduced the applicant's consumption of an unspecified pain medication, presumably OxyContin (sole pain medication on file) from a previous rate of five times a day to three times a day. On August 5, 2014, the attending provider again stated that the applicant could employ OxyContin on a p.r.n. basis, anywhere from three to four times daily. The applicant's p.r.n. usage of OxyContin, here, thus, is at odds with page 92 of the MTUS Chronic Pain Medical Treatment Guidelines. Similarly, the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. Several progress notes, referenced above, interspersed throughout late 2014 all allude to the applicant's ongoing pain complaints interfering with his ability to perform activities of daily living, working, concentrating, and/or interacting with family members. The applicant, furthermore, continues to report pain complaints as high as 7-9/10, despite ongoing OxyContin usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.