

<b>Case Number:</b>	CM14-0195727		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/18/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 patient is a female presenting with a work related injury on 04/19/2006. The patient complained of neck pain bilateral shoulder pain, bilateral wrist pain and low back pain. The patient's medications include Lyrica, soma, Norco, metoprolol, Ativan, iron and warfarin. MRI the right shoulder was significant for moderate to severe AC joint hypertrophy coupled with a near type II of chromium possibly accounting for clinical impingement syndrome; supraspinatus tendinosis/tendinitis; head erosion extended immediately from the lateral aspect of the humeral head. MRI of the right wrist was significant for a small ganglion cyst noted along the volar ulnar aspect of the wrist may approximate 5 to 6 mm in diameter. MRI of the cervical spine demonstrated 2 mm disc bulge causing mild diffuse anterior flattening of the Torah at C4 - C5, 45 mm protrusion posterior causing severe right - sided compression of the door at C5 - C6. The physical exam was significant for tender to palpation at the bilateral cervical spine, bilateral thoracic spine, and bilateral lumbar spine, right lower neck surgical incision that is nontender, questionable slight possible spasm on the right, sensation to light touch and decreased on the right index, middle, ring, and little fingers decreased range of motion of the bilateral shoulder, tender anteriorly at the right hip, mild anterior and lateral tenderness, decreased range of motion of the bilateral hips. The patient was diagnosed with anterior cervical discectomy and fusion, C5 - C6 in 2010 with possible failure of fusion, bilateral shoulder impingement syndrome, right carpal tunnel release de Quervain's release in September 2007, right wrist neuroma superficial medial nerve, lumbar laminotomy and discectomy, L5 - S1, 2007, nonindustrial, recurrent left lower extremity deep vein thrombosis, nonindustrial, and morbid obesity. A claim was made for OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg CR #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Oxycontin 10mg CR #90 is not medically necessary. Per MTUS page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested medication is not medically necessary.