

<b>Case Number:</b>	CM14-0197279		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38-year-old man who sustained a work-related injury on June 27, 2008. Subsequently, he developed chronic neck and low back pain. Prior treatments included: medications, physical therapy, pain management clinic, and back surgery. According to a progress report dated November 6, 2014, the patient complained of severe low back pain radiating down his left leg, from hip to knee. He had occasional neck pain as well. The pain was described as stabbing and continuous. The patient also stated that he experiences numbness and tingling in his left leg and both feet, and in his right leg on occasion. The patient rated his pain at 10+/10 without medications and 3/10 with medications. Examination of the cervical spine revealed tenderness with palpation at C5-6. Range of motion was limited by pain. Spurling maneuver was negative on the left side. Hoffman's sign was negative on the right side. Examination of the thoracic spine revealed tenderness with palpation at T4-T5. Sensory exam was normal. Examination of the lumbar spine revealed tenderness with palpation at L4-5. Range of motion was restricted with forward flexion at 45 degrees, hyperextension 10 degrees, right lateral bend 15 degrees, and left lateral bend 15 degrees. Sitting straight leg raise was positive bilaterally. Sensation to pin was decreased right C6, right C7, right L5, left L4, left L5, and left S1. Deep tendon reflexes in the upper and lower extremities were decreased but equal. The patient had tenderness over the anterior knee and limited range of motion. Negative McMurray testing. The patient was diagnosed with left knee contusion, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, cervicalgia, lumbago, degeneration lumbar intervertebral disc, thoracic /lumbosacral neuritis, and post laminectomy syndrome. The provider requested authorization to use Oxycodone and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hcl 30 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain. It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need of continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone HCL 30 mg is not medically necessary.

**Oxycontin 80 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. There is no clear justification to continue using Oxycontin. There is no documentation of pain or functional improvement from previous use of Oxycontin. There is no documentation of breakthrough pain. There is no documentation of continuous compliance of the patient with his medications. There is no documentation of the safety of the used opioids. Therefore, the prescription of Oxycontin 80 mg is not medically necessary at this time.

