

<b>Case Number:</b>	CM14-0201225		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/09/1988
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Physical Medicine Rehab, has a subspecialty in 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 male patient with a date of injury of June 9, 1988. A utilization review determination dated November 19, 2014 recommends non-certification of Oxycontin 40mg #60 and Oxycodone 15mg #90. A progress note dated October 17, 2014 identifies subjective complaints of continued chronic recurrent intractable pain affecting the patient's neck, shoulder, and chest. The patient has sustained breathing problems and hoarseness due to complications of surgery. The patient reports that he is stable on his current regimen of OxyContin 40 mg twice a day; he states that it is providing him with even more pain relief throughout the day. The patient finds the current regimen more helpful and is keeping him functional. Patient denies any side effects to the current medications. The patient's pain level is a 6 to 7 at its worst and with medications his pain level is tolerable at 3 to 4. The physical examination reveals diffuse tenderness to palpation over the C5-6 and C6-7 cervical interspaces, muscle spasm and guarding over the bilateral splenius cervicis muscle and upper trapezius region. The cervical spine range of motion is limited between 40 to 50% of the normal range. There is diminished sensation over the C5 and C6 distribution and bilateral upper extremities. The diagnoses include history of industrial falling accident with aortic dissection with repair, multilevel cervical stenosis, cervical radiculitis, chronic thoracic back pain, history of multiple left shoulder surgeries with chronic left shoulder pain, chronic right ankle pain with history of fracture, history of vocal cord injury with coarseness from prolonged intubation, and chronic pain syndrome with chronic opiate tolerance. The treatment plan recommends an internist and ENT physicians who are willing to accept and treat workers compensation patients. The treatment plan also recommends continuation of the current pain medication regimen which includes OxyContin 40 mg #60, and oxycodone 15 mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Oxycontin 40mg #60, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, and there is documentation regarding side effects. A recent urine drug screen obtained on September 19, 2014 was consistent. As such, the currently requested Oxycontin 40mg #60 is medically necessary.

**Oxycodone 15 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for oxycodone 15mg #90, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, and there is documentation regarding side effects. A recent urine drug screen obtained on September 19, 2014 was consistent. As such, the currently requested oxycodone 15mg #90 is medically necessary.