

<b>Case Number:</b>	CM14-0202240		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 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 injured worker is a 66 year old female with a date of injury of 3/23/2000. Results of the injury include low back pain. Diagnosis include post-laminectomy syndrome, s/p L3-4 lumbar fusion, history of fusion at L4-L5 and L5-S1, and persistent left lower extremity pain secondary to likely nerve root irritation from existing pedicle screw. Treatment modalities include surgical intervention, physical therapy, and medication management. Computed tomography scan showed slight medicalization of the left L3 pedicle screw. Progress report dated August 27, 2013 showed reproducible tenderness to palpation directly over the lumbar hardware. There was restrictive lumbar range of motion secondary to pain. The treatment plan was noted for surgical intervention, OxyContin, and oxycodone. Report of 10/29/14 from the provider noted the patient with chronic ongoing left lower extremity and right lower back symptoms with tenderness throughout the extremities and slightly reduced motor strength in left knee extension. Current medications list Lexapro, Wellbutrin, Methadone, and Oxycodone. Conservative care has included medications, therapy, injections, and modified activities/rest. Utilization Review form dated November 6, 2014 modified Oxycontin 80 mg # 90 due to chronic medical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The request for Oxycontin 80 mg # 90 is not medically necessary and appropriate.