

<b>Case Number:</b>	CM14-0204157		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/17/1997
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 injured worker is a 47 year old male who reported an injury on 05/17/1997. The history of the mechanism of injury was not submitted. The submitted treating physician's progress notes indicated the injured worker is being treated for intractable pain over lower back, buttock area, and ankle pain. Diagnosis includes lumbar radiculopathy, lumbosacral root lesions, intractable back pain, chronic pain syndrome, cauda equine syndrome with neurogenic bladder, and arthritis; ankle. Past surgical history included back surgery, bladder surgery, and ankle surgery (dates or procedure notes were not submitted). The treating physician's progress note dated 11/21/2014 states the injured worker continues to obtain functional pain relief with current medication regimen of Oxycontin and ibuprofen. He is able to remain functional and complete activities of daily living. Examination revealed severe tenderness on right lower lumbar facet joint and moderate tenderness on S1 joint. There was severe tenderness on right ankle joint and range of motion was very limited due to pain. The injured worker had a slow gait with a limp on the right side. Treatment plan included refill of current medication and to continue with conservative treatment with home exercise program, moist heat, and stretches. The request is for Oxycontin 40mg quantity 60 that a Utilization Review denied on 11/04/2014 because there was no clear indication that the medication was beneficial to the injured worker. Also the physician did not document a narcotic contract and has not documented any urine drug screening. CA MTUS Chronic Pain Guidelines were utilized in the decision making.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of OxyContin nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The documentation notes that the injured worker continued to report functional pain relief from the current medication regimen; however no specific functional benefit was noted. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation states that UDS have always been consistent, however there are no records submitted for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary.