

<b>Case Number:</b>	CM15-0102166		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old male, who sustained an industrial injury on March 25, 2009. The injured worker sustained a cumulative trauma injury with the date of injury being October of 2006. The injured worker initially had back and left hip pain. The injured worker returned to work until March of 2009 at which time he stopped working secondary to worsening of his pain complaints. The diagnoses have included cervical spondylosis, cervical post-laminectomy syndrome, pain in the joint of the leg, bilateral patella-femoral arthritis, sciatica, neck pain, bilateral shoulder impingement syndrome, lumbar disc displacement without myelopathy, lumbar spinal stenosis, lumbar spondylosis, bilateral carpal tunnel syndrome and long-term use of narcotic medication. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI, lumbar facet blocks and cervical spine fusion. The injured worker was noted to be temporarily totally disabled. Current documentation dated April 13, 2015 notes that the injured worker reported chronic back and neck pain. The pain was rated a 6/10 on the visual analogue scale with medication. The injured worker was taking OxyContin three times a day for pain which helped with the pain and function. Examination of the cervical spine revealed spasm and guarding at the base of the cervical spine extending to the bilateral cervicobrachial region. Examination of the lumbar spine revealed spasm and guarding at the base of the lumbar spine. Range of motion was decreased. Medications included OxyContin, Cymbalta, Flexeril, Omeprazole and Oxycodone. The treating physician's plan of care included a request for OxyContin 40 mg # 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prescription of OxyContin 40mg #90:** Overturned

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that OxyContin is classified a pure-agonist. This group of opioids does not have a ceiling effect for their efficacy nor do they reverse the effects of other pure opioids. Oxycontin is recommended for the management of moderate to severe pain when a continuous around the clock analgesic is needed. The MTUS guidelines discourage long term usage of OxyContin unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In this case, the injured worker continues to be symptomatic with chronic neck and low back pain. Documentation dated 3/16/2015 notes that the injured worker had started utilizing OxyContin for pain. Documentation dated 4/13/2015 notes that the injured worker had functional improvement with the use of the OxyContin, indicated by being able to walk further with less pain and being able to perform self-hygiene with less pain. The injured workers pain level was noted to have decreased from an 8-9/10 on the visual analogue scale to a 6/10. Due to the improvement in pain level and functional improvement, the request for OxyContin is medically necessary.