

<b>Case Number:</b>	CM15-0103801		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/11/2001
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old female with an industrial injury dated 01/11/2001. Her diagnosis was back pain. Prior treatment included medications. Co morbid diagnoses included palpitations, Raynaud's, scleroderma, arthritis, gastroesophageal reflux and blockage left kidney with stent. She presents on 04/21/2015 for follow up on back pain. The provider noted her pain was improved with taking 6 Oxycontin daily which was much improved than when she was taking less medication. She had significantly increased hours at work functioning well with being able to take 6 Oxycontin daily. The injured worker did not feel she would be able to function as well or work as many hours with less pain medication. She was currently working 15-25 hours per week. Physical exam noted pain on exam of the thoracic and lumbar vertebrae. Her current medications included Levothyroxine, Sucralfate, Lansoprazole, Nifedipine, Polyethylene Glycol, Diclofenac Sodium, Metoprolol Tartrate, Ibuprofen, Aspirin and Nitrostat. Her pain medication was Oxycodone CR 20 mg tab 2 tablets by mouth three times daily. Treatment plan included continue current dose of Oxycodone, no lifting greater than 20 pounds, advised to continue to work 15-25 hours a week and recheck appointment in 4 weeks. The treatment request is for Oxycontin 20 mg # 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg #180: Upheld**

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

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

**Decision rationale:** Oxycontin is a long acting potent form of opiate analgesic. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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". Based on the medical records, the patient has used high dose opioid analgesics for long time without documentation of pain and functional improvement. There is no justification for the use of more than one opioids. Based on these findings, the prescription of Oxycontin 20mg #180 is not medically necessary.