

<b>Case Number:</b>	CM15-0105794		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/12/1998
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old male, who sustained an industrial injury on 3/12/98. He has reported initial complaints of low back injury after a slip and fall injury. The diagnoses have included lumbar degenerative disc disease (DDD), sciatica, chronic pain syndrome and depression. Treatment to date has included medications, diagnostics, activity modifications, ice/heat, trigger point injections, nerve blocks, epidural steroid injection (ESI), lumbar support, chiropractic and physical therapy. Currently, as per the physician progress note dated 4/7/15, the injured worker complains of low back pain that remains unchanged from previous visits. The physical exam of the neck reveals that there is tenderness to palpation over the trapezius on movement, there is tenderness over the cervical, thoracic, and ileolumbar spinal process. He also has ileolumbar tenderness on flexion at the waist to knee and on extension. The current medications included OxyContin, Norco and Lorazepam. There was no urine drug screen reports noted in the records. The physician requested treatment included OxyContin 40 mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #240:** 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 Oxycontin 40 mg #240 is not medically necessary and appropriate.