

<b>Case Number:</b>	CM15-0132995		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 60 year old male with an industrial injury dated 12/10/2008. The mechanism of injury is documented as a motor vehicle accident causing pain in neck, mid back and low back. He got out of his truck to help and while outside he slipped and fell landing on his back injuring his head, neck, mid-back, low back, left hand and both shoulders. His diagnoses included rotator cuff tear right shoulder, cervical and lumbar spine myofascitis, degenerative joint disease of the cervical and lumbar spine and status post fusion of the cervical spine. Prior treatment included physical therapy, left hand surgery, left shoulder surgery, left elbow surgery, pain management, cortisone injection into back, cervical fusion and medications. The most current record available for review is dated 05/07/2014 when he presents for a follow up examination on the left elbow, left wrist, left shoulder, cervical spine and lower back. He was complaining of numbness to the 4th/5th fingers of the left hand, neck pain, left wrist pain and low back pain. Physical examination of the right shoulder revealed tenderness. The Mid Arc, Neer and Hawkins sign were positive. Range of motion was decreased. Examination of the cervical spine revealed tenderness over the cervical paraspinal muscles. Lumbar spine exam revealed tenderness of lumbar muscles. Range of motion was decreased. Treatment request is for Oxycontin 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 opioid analgesics for long time without documentation of functional improvement and return to work. There is no documentation of compliance of the patient with his medications. Based on these findings, the prescription of Oxycontin 20 mg #60 is not medically necessary.