

<b>Case Number:</b>	CM15-0139190		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 59-year-old male, who sustained an industrial injury on January 16, 2015. He reported back pain after lifting a large male client. The injured worker was diagnosed as having acute back strain, lumbar degenerative disc disease, sciatica, chronic pain, cervical spine radiculopathy, and L5-S1 8mm left side disc herniation. Treatments and evaluations to date have included physical therapy, MRIs, low back injection, and medication. Currently, the injured worker complains of lower back pain, right and left buttock pain, with right leg numbness when sitting or standing. The handwritten Treating Physician's report dated June 25, 2015, noted the injured worker reporting his lower back was "shot" with pain no better. The injured worker's current medications were listed as Soma, Percocet, Baclofen, and Gabapentin. Portions of the report were illegible. The injured worker was noted to be temporarily totally disabled. The treatment plan was noted to include a request for a MRI. Requests for authorization were made for an orthopedic consult on May 8, 2015, and Oxycontin on June 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #90 prescribed on 6/25/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80, 92, and 124.

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

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker has not returned to work and there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Oxycontin. In fact, the record supports that there has not been an improvement in pain. Therefore, the request is not medically necessary.

**Consult with orthopedic surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** This worker had an MRI on 7/6/15, which showed C3-4 broad central 1mm disc protrusion, mild bilateral uncinat hypertrophy and foraminal narrowing. No central canal stenosis or cord compression, C4-5 minimal disc bulge with moderate right and mild left uncinat hypertrophy and foraminal narrowing, and loss of normal cervical lordosis. Although disc protrusion was identified, disc herniation with neurologic compromise was not. In the absence of these findings, surgical referral is not indicated. According to the MTUS, referral for surgical consultation is indicated for patients with disk herniations who have persistent, severe, and disabling shoulder or arm symptoms or activity limitation for more than one month or with extreme progression of symptoms or clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term or unresolved radicular symptoms after receiving conservative treatment. The request is not medically necessary.