

<b>Case Number:</b>	CM15-0142209		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41-year-old male who reported an industrial injury on 7-1-2009. His diagnoses, and or impression, were noted to include: anterior cervical inter-body fusion, above a prior cervical fusion; degenerative cervical disease and spondylosis; cervicogenic headache and neck pain; and chronic opioid therapy. No current imaging studies were noted. The history notes a referral to pain management in 1-2015. His treatments were noted to include agreed medical evaluations with supplemental reports; cervical fusion and hardware removal surgery on 10-15-2014; pain management evaluation and treatment; medication management; and rest from work. The pain management progress notes of 1-12-2015 reported a follow-up visit for neck pain and headache, noting improvement of his significant post-operative pain from oral Prednisone; but with continued, severe radiating pain in the lower and posterior neck, up into his head. Objective findings were noted to include tenderness bilaterally below the fusion, proving the pain up his neck; and a review of the cervical spine x-rays. The physician's requests for treatments were noted to include the continuation of two separate doses of Oxycontin, one dose for pain, and the other for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in July 2009 and underwent a revision cervical spine fusion in October 2014. He continues to be treated for neck pain radiating posteriorly to his head. When seen, his symptoms were unchanged since February 2015 with he was having severe pain. Physical examination findings included lower cervical tenderness. There were no neurological deficits. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 720 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 6 times that recommended and there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. There are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

**Oxycodone 20 mg Qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in July 2009 and underwent a revision cervical spine fusion in October 2014. He continues to be treated for neck pain radiating posteriorly to his head. When seen, his symptoms were unchanged since February 2015 with he was having severe pain. Physical examination findings included lower cervical tenderness. There were no neurological deficits. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 720 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 6 times that recommended and there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. There are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.