

<b>Case Number:</b>	CM15-0149354		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a(n) 39 year old male, who sustained an industrial injury on 9-13-06. He reported pain in his lower back. The injured worker was diagnosed as having lumbar radiculitis, lumbar disc displacement and myofascial pain. Treatment to date has included a home exercise program, ice, NSAIDs, a TENs unit, an LSO brace and Norco and OxyContin since at least 1-7-15. As of the PR2 dated 6-24-15, the injured worker reports pain in his lower back. He rates his pain an 8 out of 10 without medications and a 2-3 out of 10 with medications. He is able to sit 20-25 minutes with pain medications and only 10 minutes without medications and able to stand for 40-45 minutes with medications and only 15 minutes without medications. Objective findings include a positive straight leg raise test bilaterally at 45 degrees and decreased lumbar range of motion due to pain. The treating physician requested OxyContin 20mg #30 and Norco 10-325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "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 any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 6/24/15, it was noted that the injured worker rated his pain 8/10 without medications, and 2-3/10 with medications. He reported that he was able to sit 20-25 minutes with pain medications and only 10 minutes without medications and able to stand for 45 minutes with medications and only 15 minutes without. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "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 any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 6/24/15, it was noted that the injured worker rated his pain 8/10 without medications, and 2-3/10 with medications. He reported that he was able to sit 20-25 minutes with pain medications and only 10 minutes without medications and able to stand for 45 minutes with medications and only 15 minutes without. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.