

<b>Case Number:</b>	CM15-0149614		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old male with an industrial injury dated 08-27-2007. The injured worker's diagnoses include lumbago, bulging lumbar disc, lumbar facet arthropathy, spasms, cervicgia, lumbar radiculitis, and cervical radiculitis. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 07-08-2015, the injured worker reported greater than 50 percent relief with left lumbar epidural steroid injection (ESI) at L4-5 performed on 05-29-2015 with ability to discontinue Oxy IR 10 mg with recent injection. The injured worker reported chronic neck and left shoulder pain rated 2 out of 10 with prescribed Oxycontin. Objective findings revealed tiredness with no evidence of overmedication, sedation or withdrawal. Neck exam revealed decreased range of motion tenderness to palpitation in the left side of neck and positive sensory deficits in C6-C7 dermatomes. Lumbar spine exam revealed pain with lumbar range of motion, tenderness across the low back and over L4-S1 facets, and sensory deficits in the L4-S1 dermatomes in left lower extremity. The treating physician also reported slow severe antalgic gait. The treatment plan consisted of medication management. The treating physician prescribed Oxycontin 20mg #60, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg #60:** 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 20 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; bulging lumbar disc; lumbar facet arthropathy; spasms; cervicgia; lumbar radiculitis; and cervical radiculitis. The date of injury is August 27, 2007. Request for authorization is July 6, 2015. According to an April 24, 2014 progress note, the injured worker's current medications include Oxycodone, OxyContin 20 mg and gabapentin. Subjectively, the injured worker has cervical pain that radiates to the left arm and lumbar pain that radiates the left leg. Pain scores are 8/10 through 10/. A urine drug screen dated March 9, 2015 was inconsistent with temazepam present in the specimen. According to the most recent progress note dated July 6, 2015, the injured worker's subjective complaints remain unchanged with pain scores 8/10 through 10/10. Medications include gabapentin and OxyContin. There is no documentation of attempted weaning of OxyContin 20 mg. The documentation does not demonstrate objective functional improvement. There were no detailed pain assessments. There are no risk assessments. There is no subjective improvement with persistently elevated pain scores. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing OxyContin, detailed pain assessments and risk assessments with persistently elevated subjective pain scores, OxyContin 20 mg #60 is not medically necessary.