

<b>Case Number:</b>	CM15-0160454		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 47 year old male with an industrial injury dated 05-12-2001. The injury is documented as occurring when he was moving desk furniture and felt a sharp pain in his lower back. His diagnoses included post-operative pain syndrome and chronic pain syndrome. Prior treatments included two lumbar laminectomies, one post-operative revision, two lumbar epidural steroid injections, chiropractor, physical therapy and addiction therapy, multi-disciplinary pain program and pain medications. He presented on 06-23-2015 with lower back and leg pain and numbness in both legs. The provider documents "Patient is doing much better since being placed on Deplin." Physical exam noted tenderness over the entire upper and lower back. He had ileo-lumbar tenderness and was unable to extend or flex at the waist. He needed a cane to ambulate. His current medications included Norco, Valium and OxyContin. The provider documents CURES report dated 06-16-2015 was consistent for prescribed medications. Blood test for oxycodone was within therapeutic range for opiate tolerance and preliminary urine drug test was consistent for Oxycodone on 06-15-2015. The treatment request is for Oxycontin 80 mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (Oxycontin); Opioids, dosing; Long-term Users of Opioids (6-months or more); Weaning of Medications.

**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 ongoing 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 nonadherent) 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 note dated 7/21/15, it was noted that the injured worker rated pain without medications 10/10 and 3/10 with medications. The injured worker was better able to perform family and home responsibilities; rating 4/10 with medications and 10/10 without medications. Recreation activities were improved to 4/10 from 9/10 with medications. Social activities were improved to 3/10 from 7/10 with medications. Self-care was improved to 3/10 from 7/10, and sleep was improved to 6/10 from 10/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/2015 was consistent with prescribed medications. I respectfully disagree with the UR physician's denial based upon a lack of supporting documentation. The request is medically necessary.