

<b>Case Number:</b>	CM15-0182010		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/10/1996
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male who sustained an injury on 8-10-96 resulting from cumulative trauma and developed chronic neck and upper back pain. Treatment has included physical therapy, chiropractic care; occupational therapy; pain specialist, and medication. His diagnoses included repetitive strain of upper extremities and thoracic outlet syndrome. The records indicate he has been treated with OxyContin since at least 2010 and the dosage on 11-29-10 as 440 mg per day (40 mg tablets) and weaning off his medications was noted and he would need to be replaced by alternative pain management tools and functional restoration type program. He reports being fearful of being weaned from his opioids and then experiencing pain that he is unable to manage. On the most current pain management progress report on 8-3-15 he was taking Oxycodone 30 mg short acting three times a day, was approved for 90 but the pharmacy made a mistake, and gave #50. His pain with meds was rated 1.5 out of 10 and the same on the last visit. His activity of daily living composite level score was 19, 24 this visit and the same on his last visit. Current medications are Oxycodone HCL 30 mg 1 tablet three times daily as needed and OxyContin 40 mg oral tablet ER 12 hour abuse -deterrent; 1 oral tablet three times a day #90. The record indicates tapering the IW from opioid regimen and that decreasing from OxyContin 40 mg three times a day a month to forth a month doesn't work well in the tapering schedule for this IW and have already tapered his successfully so far at would go from 210 mg a day to 190 mg a day and utilize the short acting 30 three times a day and long acting OxyContin 40 mg twice a day and 10 mg twice a day. The records indicate no side effects of

opioid treatment and the plan was continuation of the taper governed by the maintenance of analgesic and activity levels. Current requested treatments OxyContin 10mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** Oxycontin 10mg, #60 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily. The documentation indicates that the patient has been on long-term opioids for chronic back pain which is not supported by the MTUS. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term high dose opioids without significant evidence of increase in function therefore the request for continued Oxycontin is not medically necessary.