

<b>Case Number:</b>	CM15-0187167		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/14/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 12-14-2001. The injured worker is being treated for degeneration lumbar-lumbosacral intervertebral disc, Treatment to date has included surgical intervention (lumbar fusion, 2005 and hemilaminectomy, 2003), medications and epidural steroid injections (ESI). Current medications as of 7-23-2015 include Percocet, Alprazolam, Lyrica, hydrochlorothiazide (HCTZ), Carisoprodol, Norco, atorvastatin, Klor-Con, doxazosin and benazepril. Per the Primary Treating Physician's Progress Report dated 7-23-2015 the injured worker reported for follow-up of lumbar disc disease. He has been seeing the chronic pain specialist and has been taking his usual medications; he will need refills of Percocet and Norco. Physical exam noted clear lungs and heart with regular rate and rhythm. There is no documentation of physical exam of the lower back. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker presented for obesity follow-up. He reported being frustrated because he has been eating healthy and going to physical therapy. He had ESI 2 weeks ago and states his back pain is now worsened. Physical exam findings included an appropriate mood and affect and he was described as cooperative and in no acute distress. There was no physical exam recorded for the lower back. Per the medical records dated 7-23-2015 to 8-27-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment including opioid pain medications. The notes from the provider do not document efficacy of the prescribed medications. Work status was permanently disabled. The plan of care included medication

management and authorization was requested for Oxycontin 20mg #60. On 8-31-2015, Utilization Review non-certified the request for Oxycontin 20mg #60.

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

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

**Oxycontin 20mg one twice a day quantity 60 with three refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycontin 20mg one twice a day quantity 60 with three refills is not medically necessary and appropriate.