

<b>Case Number:</b>	CM15-0189525		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old man sustained an industrial injury on 5-12-2014. Evaluations include lumbar spine MRI dated 6-25-2015 and 11-29-2012, cervical spine MRI dated 10-3-2014, bilateral wrist MRI dated 10-2-2014, left knee MRI dated 8-18-2014 and 6-2-2011. Diagnoses include cervicalgia, cervical spondylosis without myelopathy, shoulder joint pain, lumbago, and lumbar spondylosis without myelopathy. Treatment has included oral medications, surgical intervention, and left sacroiliac joint injection. Physician notes dated 9-11-2015 show complaints of low back pain. The physical examination shows tenderness to palpation of the left knee lateral and medial joint line and patella, left knee joint effusion, antalgic gait favoring the right side, thoracolumbar scoliosis, loss of lumbar lordosis, left sacroiliac and facet joint muscle spasms, paraspinal muscle and sciatic notch tenderness, bilateral thigh atrophy, lumbar spine with diminished range of motion, and straight leg raise is positive on the left at 40 degrees. Recommendations include trial Oxycontin and visit the emergency room if medications are denied. Utilization Review denied a request for Oxycontin on 9-18-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg #60, 1 tablet by mouth twice a day: 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, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including OxyContin. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. The records indicate that the patient was exceeding MTUS recommendations for Morphine Equivalent dosing; placing the patient at risk for harm. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Further treatment with Oxycontin is not considered as medically necessary.