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| <b>Case Number:</b>   | CM15-0196850 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 02/04/2008 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old male, who sustained an industrial injury on 2-04-2008. The injured worker was diagnosed as having sacroiliitis, not elsewhere classified, other symptoms referable to the back, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar post-laminectomy syndrome, degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, other unspecified sites of sprains and strains, and hip pain. Treatment to date has included diagnostics, physical therapy, lumbar spinal surgery in 2013, physical therapy, psychological consultation, and medications. On 9-02-2015, the injured worker complains of chronic low back pain, rated 7 out of 10 with medication and 10 without (unchanged from 8-05-2015). He reported that chronic pain medication maintenance regimen, activity restriction, and rest continued to help keep pain within a manageable level in order to complete necessary activities of daily living. Current medications included Oxycontin 30mg (three times daily), Oxycodone 10 mg (four times daily as needed), Tramadol 50mg (1-2 every 4-6 hours), Cymbalta, and Naproxen. A review of symptoms was positive for increased depression and anxiety. The use of Oxycontin was noted since at least 10-2014. Urine toxicology (4-15-2015) was positive for Oxycodone. Medication allergies to Robaxin (body "feels hot") and Cymbalta ("gas and upset stomach") were noted. Objective findings regarding the lumbar spine included "severe pain and spasms on the lumbosacral region and buttock region", flexion 90% restricted, unable to extend, left lateral bend 90% restricted, right lateral bend 50% restricted, positive Patrick's, Gaenslen's, and compression test on the left. Current work status was not noted. The

treatment plan included Oxycontin 20mg #60, modified to Oxycontin 20mg #45 by Utilization Review on 9-16-2015.

### **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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, Opioids: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 9/2/15. Therefore, the request is not medically necessary.