

<b>Case Number:</b>	CM15-0210286		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 56 year old female who sustained an industrial motor vehicle accident injury on 09-24-2007. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar facet pain, cervical facet pain and piriformis syndrome. According to the treating physician's progress report on 07-22-2015, the injured worker continues to experience right sided neck pain to the bilateral shoulders, occipital headaches, lower back and left leg pain. The injured worker reported cervical pain improved by 80% reduction in pain for approximately 18 months after radiofrequency ablation. Examination demonstrated moderate tenderness over the right cervical facet joints with decreased right sided range of motion with extension and rotation. The bilateral upper extremities noted normal range of motion with motor strength, sensation to light touch and deep tendon reflexes intact bilaterally. The lumbar spine was non-tender over the lumbar facet column with improved lumbar extension and rotation of the lumbar area. Straight leg raise was negative bilaterally. There was stiffness, discomfort and decreased ability to flex and internally rotate the left hip in comparison to the right hip. The pelvis revealed marked tenderness of the bilateral piriformis muscles and right sacroiliac (SI) joint. Positive pelvic tilt with right hip lower than the left was noted. The bilateral lower extremities demonstrated motor strength, deep tendon reflexes and sensation to light touch intact bilaterally. Prior treatments have included diagnostic testing, surgery, right cervical radiofrequency ablation in 10-2013, lumbar radiofrequency ablation in 04-2013, right piriformis injection in 06-2014 and medications. Other therapies were not noted. Current medications were listed as Norco 10mg-325mg (since at least 1-2014, up to 60mg a day

for break through pain), OxyContin (since at least 1-2014), Ibuprofen, and Soma and ThermaCare heat wraps. Treatment plan consists of cervical radiofrequency ablation to the right C4-5 and C5-6 facet joints and the current request for OxyContin CR 20mg #30. On 10-06-2015 the Utilization Review determined the request for OxyContin CR 20mg #30 was not medically necessary.

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

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

**Oxycontin CR 20mg tablets #30:** 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:** 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." Review of the available medical records reveals no documentation to support the medical necessity of oxycontin CR nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.