

<b>Case Number:</b>	CM15-0222843		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Emergency 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 68 year old male, who sustained an industrial injury on 8-18-06. He reported back pain. The injured worker was diagnosed as having chronic low back pain with lumbar radiculopathy, status post lumbar laminectomy and fusion, left knee pain with history of arthroplasty status post revision, and opioid dependence. Treatment to date has included physical therapy, L3-5 facet joint injections, L4-S1 laminectomies and fusion at L5-S1, C3-4 fusion in 2013, left total knee replacement in 2008, right hip replacement in 2012, right knee meniscus repair in 2013, H-wave, and medication including OxyContin, Roxicodone, and Percocet. The treating physician noted the most recent urine drug screen dated 3-4-15 was consistent with prescribed analgesics without any illicit drug use. On 10-13-15 and 11-5-15 pain was rated as 10 of 10 without medication and 6-7 of 10 with medication. The injured worker had been taking Oxycontin since at least August 2015 and Oxycontin IR since at least September 2015. On 11-5-15 the treating physician noted "the medications enable him to perform activities of daily living including dishes, vacuuming, and gardening." Physical exam findings on 11-5-15 included tenderness to palpation of the lumbar paraspinal muscles and limited range of motion in flexion and extension. Diminished sensation to light touch was noted on the anterior and lateral aspect of the left lower extremity. A straight leg raising test was positive bilaterally. Limited left knee range of motion was noted with crepitus. Left knee tenderness to palpation and pain with extension was noted. On 11-5-15, the injured worker complained of low back pain with radiation to both legs. Left knee pain, neck, pain, chest pain, and shoulder pain were also noted. On 11-6-15 the treating physician requested authorization for Oxycontin 15mg #60 and OxyIR 15mg #100. On 11-12-15 the requests were non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **OxyContin 15mg #60:** Overturned

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

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

**Decision rationale:** The requested OxyContin 15mg #60 is medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines: The injured worker has low back pain with radiation to both legs. Left knee pain, neck, pain, chest pain, and shoulder pain were also noted. The treating physician has documented tenderness to palpation of the lumbar paraspinal muscles and limited range of motion in flexion and extension. Diminished sensation to light touch was noted on the anterior and lateral aspect of the left lower extremity. A straight leg raising test was positive bilaterally. Limited left knee range of motion was noted with crepitus. Left knee tenderness to palpation and pain with extension was noted. On 11-5-15 the treating physician noted "the medications enable him to perform activities of daily living including dishes, vacuuming, and gardening." The treating physician noted the most recent urine drug screen dated 3-4-15 was consistent with prescribed analgesics without any illicit drug use. The treating physician has documented sufficient functional improvement, as well as measures of opiate surveillance with this opiate regimen below the guideline recommended maximum daily dosage of 120 MED. The criteria noted above having been met, OxyContin 15mg #60 is medically necessary.

### **OxyIR 15mg #100:** Overturned

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

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

**Decision rationale:** The requested OxyIR 15mg #100 is medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines: The injured worker has low back pain with radiation to both legs. Left knee pain, neck, pain, chest pain, and shoulder pain were also noted. The treating physician has documented tenderness to palpation of the lumbar paraspinal muscles and limited range of motion in flexion and extension. Diminished sensation to light touch was noted on the anterior and lateral aspect of the left lower extremity. A straight leg raising test was positive bilaterally. Limited left knee range of motion was noted with crepitus. Left knee tenderness to palpation and pain with extension was noted. On 11-5-15 the treating physician noted "the medications enable him to perform activities of daily living including dishes, vacuuming, and

gardening." The treating physician noted the most recent urine drug screen dated 3-4-15 was consistent with prescribed analgesics without any illicit drug use. The treating physician has documented sufficient functional improvement, as well as measures of opiate surveillance with this opiate regimen below the guideline recommended maximum daily dosage of 120 MED. The criteria noted above having been met, OxyIR 15mg #100 is medically necessary.