

<b>Case Number:</b>	CM15-0034389		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/13/2003
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 a work related injury on February 13, 2003, incurring back injuries. He was diagnosed with lumbar degenerative disc disease and internal derangement of the knees. Treatment included a lumbar disc fusion, chiropractic care, physical therapy, muscle relaxants and pain medications. Currently, the injured worker complained of low back pain and spasms, hip pain and feet pain. He had difficulty sitting and getting in and out of the car. On March 4, 2015, a request for one prescription of Oxycontin 20 mg, #30 was modified to one prescription of Oxycontin 20 mg, #25 and one prescription of Oxycontin 40 mg, #90, was modified to one prescription of Oxycontin 40 mg, #24, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Oxycontin 20MG #30. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 1/5/15, the patient report pain level as 2/10 with medications and 6/10 without medications. The patient reported being able to perform some house and yard work, drive and perform self care. The patient was given at least 6 urine drug screens in 2014, with multiple inconsistencies. This has not been addressed by the treating physician. The Utilization review states that the patient is continually prescribed high doses of Oxycontin despite instructions to initiate weaning. It appears the treating physician has provided some documentation of this medication's efficacy. However, recommendation for further use cannot be supported as there is no discussion regarding possible aberrant behaviors as required by MTUS for opiate management. The requested Oxycontin IS NOT medically necessary.

**Oxycontin 40mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Oxycontin 40MG #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 1/5/15, the patient report pain level as 2/10 with medications and 6/10 without medications. The patient reported being able to perform some house and yard work, drive and perform self care. The patient was given at least 6 urine drug screens in 2014, with multiple inconsistencies. This has not been addressed by the treating physician. The Utilization review states that the patient is continually prescribed high doses of Oxycontin despite instructions to initiate weaning. It appears the treating physician has provided some documentation of this medication's efficacy. However, recommendation for further use cannot be supported as there is no discussion regarding possible aberrant behaviors as required by MTUS for opiate management. The requested Oxycontin IS NOT medically necessary.

