

<b>Case Number:</b>	CM15-0048172		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	05/17/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 63 year old female, who sustained an industrial injury on 5/17/2001. She reported a right hand injury with cumulative industrial injuries.. The injured worker was diagnosed as having lumbosacral sprain/strain; myalgia and myositis; arthrodesis lumbar; lumbar disc displacement; lumbosacral neuritis. Treatment to date has included EMG/NCV bilateral lower extremities (10/28/14); right L5-S1 interlaminar epidural steroid injection/epidurogram (12/10/14). Currently, per the PR-2 dated 1/6/15, the injured worker complains of "a lot of low back pain and pain radiating to her hips and right leg". She is a status post right L5-S1 epidural steroid injection of 12/10/14 and indicates it did not provide significant relief of pain. She is taking Norco and OxyContin as well as flexeril when needed. She needs medication refills on this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain with pain radiating to the hips and right leg. The request is for OXYCONTIN 80MG #60. The diagnoses per RFA dated 02/10/15 included lumbar herniated disc, lumbar/thoracic radiculitis, lumbosacral sprain/strain, myofascial pain syndrome and fusion of spine surgery. Physical examination to the lumbar paraspinal muscles, iliolumbar and sacroiliac regions on 02/05/15 revealed tenderness to palpation with painful range of motion. Facet maneuver is equivocal. The patient's gait is antalgic and slow. The patient has moderate sensory motor peripheral polyneuropathy consistent with diabetic neuropathy. The Patient's medications include Oxycontin, Norco, Soma, Prednisone, Neurontin, Cymbalta and Bactroban per the 12/10/14 and 02/05/15 treater reports. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. Per 02/05/15 report, treater states, "In light of the fact that the patient is having a significant increase in symptoms, I will increase her Oxycontin (60mg to 80mg)." In provided reports, the patient has been prescribed Oxycontin at least since 09/04/14. The use of opiates require detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.