

<b>Case Number:</b>	CM15-0053909		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: Internal 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 39 year old male, who sustained an industrial injury on 1/2/14. He reported low back pain that radiated to the left leg and foot. The injured worker was diagnosed as having lumbar disc prolapse with radiculopathy and myofascial pain syndrome. Treatment to date has included left posterior L4-5 microdiscectomy, left L4 hemilaminotomy, and left L4-5 foraminotomy on 5/8/14. He was unable to participate in physical therapy due to pain. A MRI performed on 1/21/15 revealed lower lumbar levoscoliosis centered at L4-5, degenerative disc thinning with chronic endplate changes and small right lateral osteophyte of L4-5, mild overall disc thinning and desiccation of L2-4 and L5-S1, L3-4 small central and left lateral disc bulge with foraminal stenosis with no nerve root impingement, and posterior central disc bulge at L4-5. Currently, the injured worker complains of back and left buttock pain that radiates to the left leg with associated numbness and weakness. The treating physician requested authorization for Oxycontin 20mg #60. Pain was noted to be 6 of 10 without medication and it was reduced by 50% with Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. 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 drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. The operative report dated 5/8/14 documented L4-5 herniated disk, severe L4-5 left foraminal stenosis, and left L5 radiculopathy. Left L4-5 microdiscectomy, hemilaminotomy, and foraminotomy was performed. The office visit progress report dated 3/3/15 documented subjective complaints of low back pain, which radiates down the left leg. Physical examination was documented lumbar tenderness and decreased range of motion. Left straight leg raise test was positive. Left lower extremity motor weakness and reduced sensation was noted. Diagnosis was lumbar disc prolapse and radiculopathy. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycontin is supported by the MTUS guidelines. Therefore, the request for Oxycontin 20 mg #60 is medically necessary.