

<b>Case Number:</b>	CM15-0080279		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: New York, Tennessee  
 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 69 year old male, who sustained an industrial injury on 8/23/07. The injured worker was diagnosed as having chronic cervical spine pain, cervical facet joint dysfunction and cervical degenerative disc disease. Treatment to date has included oral medications including opioids, physical therapy and home exercise program. Currently, the injured worker complains of chronic neck pain with stiffness and intermittent numbness in 1st and 2nd digit of right hand; pain is rated 3-4/10 with medications. The injured worker notes the OxyContin helps manage his pain at night and improves sleep and Oxy IR controls the pain during the day. Physical exam noted moderate tenderness to palpation of lumbar paraspinal muscles, limited cervical spine range of motion and cervical paraspinal muscle tenderness to palpation and right upper trapezius muscle tenderness with spasms noted. The treatment plan included refilling OxyContin, Oxy IR and increasing strength, continuation of Metamucil, continuation of home exercise program and return visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #30 / 30 days plus 1 refill: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Oxycontin is an extended release preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving Oxycontin since at least February 2015 and has obtained analgesia. There is documentation that the patient has failed other first line therapies, namely tramadol and NSAIDs. There is documentation that the patient has signed an opioid contract and is participating in urine drug testing. Criteria for long-term opioid use have been met. The request should be authorized. Therefore, the requested treatment is medically necessary.

**OxyIR 10mg #45 / 30 days plus 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** OxyIR is an immediate release preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving OxyIR since at least February 2015 and has obtained analgesia. There is documentation that the patient has failed other first line therapies, namely tramadol and NSAIDs. There is documentation that the patient has signed an opioid contract and is participating in urine drug testing. Criteria for long-term opioid use have been met. The request should be authorized. Therefore, the requested treatment is medically necessary.

