

<b>Case Number:</b>	CM14-0101486		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1. Diagnoses include cervicgia/ intervertebral disc without myelopathy and disc degeneration post-laminectomy syndrome s/p cervical fusion; shoulder region joint pain/ bursae and tendons disorder s/p left shoulder surgery. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing symptoms and pain rated at 9/10 with medications and 10/10 without showing worsening pain VAS level. Medications list Restoril, Quazepam, OxyContin XR, Norco, Trazodone, and Gabapentin. Exam showed diffuse decreased symmetrical DTRs in upper and lower extremities; cervical and thoracic spine with TTP, decreased range of motion; lumbar spine with positive SLR. It was noted the UDS and CURES reports were appropriate. The request(s) for Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1 were non-certified on 6/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin XR (Oxycodone HCL) 40mg, #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use.

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

**Decision rationale:** This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1. Diagnoses include cervicalgia/ intervertebral disc without myelopathy and disc degeneration post-laminectomy syndrome s/p cervical fusion; shoulder region joint pain/ bursae and tendons disorder s/p left shoulder surgery. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing symptoms and pain rated at 9/10 with medications and 10/10 without showing worsening pain VAS level. Medications list Restoril, Quazepam, OxyContin XR, Norco, Trazodone, and Gabapentin. Exam showed diffuse decreased symmetrical DTRs in upper and lower extremities; cervical and thoracic spine with TTP, decreased range of motion; lumbar spine with positive SLR. It was noted the UDS and CURES reports were appropriate. The request(s) for Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1 were non-certified on 6/11/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of October 2000 without acute flare, new injury, or progressive deterioration. The Oxycontin XR (Oxycodone HCL) 40mg, #105 is not medically necessary and appropriate.

**Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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

**Decision rationale:** This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/ Acetaminophen) 10/ 325mg, #45 x1. Diagnoses include cervicalgia/ intervertebral disc without myelopathy and disc degeneration post-laminectomy syndrome s/p cervical fusion; shoulder region joint pain/ bursae and tendons disorder s/p left shoulder surgery.

Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing symptoms and pain rated at 9/10 with medications and 10/10 without showing worsening pain VAS level. Medications list Restoril, Quazepam, OxyContin XR, Norco, Trazodone, and Gabapentin. Exam showed diffuse decreased symmetrical DTRs in upper and lower extremities; cervical and thoracic spine with TTP, decreased range of motion; lumbar spine with positive SLR. It was noted the UDS and CURES reports were appropriate. The request(s) for Oxycontin XR (Oxycodone HCL) 40mg, #105 and Norco (Hydrocodone/ Acetaminophen) 10/325 mg, #45 x1 were non-certified on 6/11/14. Pain symptoms and clinical findings remain unchanged for this chronic injury of October 2000. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco (Hydrocodone/Acetaminophen) 10/325mg, #45 x1 is not medically necessary and appropriate.