

<b>Case Number:</b>	CM14-0134694		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35 year old male with an injury date of 01/28/03. Based on the 07/30/14 progress report provided by [REDACTED], the patient presents with low back pain. His gait is low and stooped. He has difficulty bending down to put on his shoes and getting dressed. The medication helps in pain reduction which averages 7/10. Patient tried physical therapy before. Progress report dated 06/02/14 states that when the pain is bad, it radiates down the legs, worse on left side. List of medications taken include Oxycodone, Oxycontin, Atenolol, Xanax and Medrox patch. Patient reports no side effects and denies recreational drug use. Progress report dated 02/26/14 states that medications help patient participate in his ADL's. Lab test dated 04/23/14 show negative findings for illicit drug use. [REDACTED] is requesting Oxycontin 80mg #90 and Oxycodone HCL 10mg #24. The utilization review determination being challenged is dated 08/11/14. The rationale is the 4 A's have not been addressed in review of provided reports. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/14 - 07/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60, 61; 88, 89.

**Decision rationale:** Patient presents with low back pain and is status post discectomy and anterior intervertebral body fusion L4-5 and L5-S1. The request is for OxyContin. Per progress report dated 07/30/14, medication helps in pain reduction. MTUS Guidelines 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 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. In this case, the providing physician has addressed the 4As per progress report dated 04/23/14. The medication helps the patient with his ADLs as he has pain but can get dressed. Patient shows no adverse side effects and does not use drugs recreationally, per Lab test dated 04/23/14, which showed negative findings for illicit drug use. The medication helps in pain reduction which averages 7/10 on the VAS scale. However, review of reports show that providing physician has not indicated a "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. Furthermore, the patient is not working and the patient's ADL's improvements appear marginal with current medication use. Given the lack of documentation as required by MTUS, the request for Oxycontin 80mg #90 is not medically necessary.

**Oxycodone HCL 10MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60,61; 88, 89.

**Decision rationale:** MTUS Guidelines 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. In this case, the providing physician has addressed the 4As per progress report dated 04/23/14. The medication helps the patient with his ADLs as he has pain but can get dressed. Patient shows no adverse side effects and does not use drugs recreationally, per Lab test dated 04/23/14, which showed negative findings for illicit drug use. The medication helps in pain reduction which averages 7/10 on the VAS scale. However, review of reports show that providing physician has not indicated a "pain assessment" or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Furthermore, the patient is not working and the patient's ADL's improvements appear marginal with current medication use. Given the lack of documentation as required by MTUS, the request for Oxycodone HCL 10MG #240 is not medically necessary.

