

<b>Case Number:</b>	CM14-0138636		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Emergency Medicine 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:

Patient has a date of injury on 6/26/1997. Mechanism of injury is described as a trip and fall. Patient has a diagnosis of post coccygeal fracture with chronic coccygeal pain, chronic pain syndrome, depression and migraine headaches. Medical reports reviewed. Last report available was 7/23/14. Patient complains of low back pain mostly at level of coccyx. It worsened with bowel movements, sitting or movement. Objective exam reveals tenderness over sacrum and coccyx and limited ROM of lumbar spine. Negative straight leg raise. Patient is currently on Oxycontin 20mg but has increased the dosage of her medications from 8-18tablets per day. The provider plans to "consolidate" the multiple tablets into Oxycontin 80mg every 8hours with #90 tablets. Labs were ordered for unknown reason except "to look for any toxicity or deficiencies". Patient has reportedly undergone physical therapy, epidural and nerve blocks, chiropractic and acupuncture with no improvement. Current medications include Oxycontin, Oxazepam, Imitrex, Advair and proventil. Independent Medical Review is for Oxycontin 80mg #90 and Labs (ESR, CRP, Basic Metabolic Panel, Liver Function, Vitamin D and Vitamin B12). Prior UR on 8/8/14 recommended modification of Oxycontin to #70tabs for weaning, non-certification of lab testing and approved PENS (PStim).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF OXYCONTIN 80MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Oxycontin is extended release opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Patient has poor pain control, is using pain medications inappropriately. There is no documentation of adverse event or aberrant behavior screening. Provider plans to consolidate Oxycontin to 80mg 3 times a day is not appropriate. Patient would be taking way over 120mg of Morphine Equivalent Dose which is considered unsafe as per MTUS Chronic pain guidelines. Oxycontin prescription is not appropriate and not medical necessary.

**1 LABS; ESR, CRP, BASIC METABOLIC PANEL, LIVER FUNCTION, VITAMIN D, AND VITAMIN B12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or tagretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. There is no justification for the labs ordered documented by the provider except to quote a section of the MTUS mentioning having a wide differential diagnosis. The only noted "justification" documented is to look for "toxicity" or "deficiencies", which is an empty statement since the provider has not noted concern for any toxicity or deficiencies. Labs are not medically necessary.