

<b>Case Number:</b>	CM14-0144036		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 54-year-old male who tripped on a sheet of plywood after having been struck by it when it fell off a stack of sheets of plywood on 01/16/2004. On 08/11/2014, his diagnoses included persistent and increasing lymphedema of the right upper extremity, rotator cuff tear and biceps tear of the right shoulder, tendonitis and impingement syndrome of the left shoulder, myoligamentous lumbar spine strain/sprain, lumbar spondylosis, and history of bilateral hip total arthroplasties with chronic pain and reduced functional level. His medications included OxyContin 10 mg and Phenergan 25 mg. This worker was requesting an increased quantity of OxyContin. Treatment plan and recommendation was for this worker to get established with a pain management physician to monitor and prescribe his medications, and hopefully assist him in pain coping skills and weaning him from medication use. A Request for Authorization dated 08/25/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle/Foot and Low Back and Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for OxyContin 10 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should be given with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. The submitted documentation revealed that this worker had been using OxyContin since 09/18/2013. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no quantity or frequency specified in the request. Therefore, this request for OxyContin 10 mg is not medically necessary.