

<b>Case Number:</b>	CM14-0166017		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/16/1998
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Pain Management 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 injured worker is a 54 year old female with a date of injury on 6/16/98. She has primary complaint of neck pain, had two cervical spine fusions fused from C4-C7 with hardware. Per 6/19/14, the injured worker returned to provider and reported that has been working in home health. She also mentioned to be constantly looking down and writing on a chart and stated that her neck was getting worse. She was noted to be weaning from her medications which were an initial struggle. She reported that she fell and landed on her right elbow which screwed up her neck which has been irritated since the week prior to her visit. She rated her pain as 7/10 as worst, 3/10 least pain, and 5/10 on average. On examination, a bruise was noted over the radius below her elbow on her right arm. Tenderness was noted but she was able to use her hand, wrist and elbow in full. Pain was also noted over all the facets of the cervical spine. Extension was more painful. Range of motion was limited and painful. Most recent records dated 9/16/14 noted that she returned to provider and reported that she continued to be very active in her work. She has been more social since starting work but was struggling with the chart in hand writing necessitating her to look down to her desk which aggravated her neck pain. She reported that she continued to reduce pain medications. Records indicate that her pain levels continue to be moderate but she has largely acclimated to a constant pain. Overall, she was doing quite well. Records indicate that her lab work shows serum creatinine at 1.68 which is double than normal value and blood urea nitrogen (BUN) 31mg/dL. She described her pain as stabbing, burning, and aching. She rated her pain at worst 6/10, at best 3/1, and on average 4/10. On examination, physical examination findings remained essentially the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10 mg, QTY: 270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** According to evidence-based guidelines, long-term utilization of opioids is not warranted. If it is to be used in the long-term, the clinical presentation of the injured worker should satisfy specific criteria presented by evidence-based guidelines. This includes evidence of the 4A's of monitoring, use of drug screening, documentation of a significant decrease in pain levels and significant improvement in functional activities. In this case, the injured worker is noted to be utilizing Oxycontin 10 mg in the long-term and should have been weaned off completely. However, this does not seem to be the case. Records do not indicate any documentation regarding the 4A's of monitoring. Moreover, there was no significant change in pain levels as well as objective findings. There is no indication of a urine drug screening as well. Also, there is no indication of an extenuating event or breakthrough. Therefore, the injured worker does not satisfy the criteria for continued opioid use and medical necessity of the requested Oxycontin 10 mg quantity 270. The request is not medically necessary.

**Oxycodone 5 mg, QTY: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** According to evidence-based guidelines, long-term utilization of opioids is not warranted. If it is to be used in the long-term, the clinical presentation of the injured worker should satisfy specific criteria presented by evidence-based guidelines. This includes evidence of the 4A's of monitoring, use of drug screening, documentation of a significant decrease in pain levels and significant improvement in functional activities. In this case, the injured worker is noted to be utilizing Oxycontin 10 mg in the long-term and should have been weaned off completely. However, this does not seem to be the case. Records do not indicate any documentation regarding the 4A's of monitoring. Moreover, there was no significant change in pain levels as well as objective findings. There is no indication of a urine drug screening as well. Also, there is no indication of an extenuating event or breakthrough. Therefore, the injured worker does not satisfy the criteria for continued opioid use and medical necessity of the requested Oxycontin 5 mg quantity 120. The request is not medically necessary.

