

<b>Case Number:</b>	CM14-0178995		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 48-year-old female with a date of injury of 04/28/2011. The listed diagnosis per [REDACTED] is DDD, cervical spine. According to progress report 09/10/2014, the patient presents with severe neck pain with radiation to the upper extremities with noted numbness. Examination revealed tenderness to the cervical spine with limited range of motion. There is a decrease in sensation of the C6 and C7 level. Treating physician states that MRI of the cervical spine from 08/14/2014 revealed HNP at C4-C5, C5-C6, and C6-C7. He recommends continuation of medications and physical therapy. This is a request for refill of OxyContin 20 mg #60. Utilization review denied the request on 10/09/2014. Treatment reports from 03/10/2014 through 09/10/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Oxycontin tab 20mg CR #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with severe neck pain with radiation to the upper extremities with noted numbness. This is a request for refill of OxyContin CR tab 20 mg #60. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. The patient has been prescribed Oxycontin since at least 3/10/14. The requesting doctor, [REDACTED], provides no discussion in regards to the efficacy of OxyContin. Pain management physician, [REDACTED], provides pain assessments utilizing a pain scale and continually notes that "we monitor the 4As for ongoing monitoring." In this case, the requesting physician, [REDACTED], provides no discussion regarding this medication's efficacy. There are no discussions of functional improvement with this medication. Pain management doctor, [REDACTED], continually notes that he discusses 4As; however, there is no discussion of aberrant behaviors or possible adverse side effects. Given the lack of sufficient documentation for opiate management, recommendation is not medically necessary.