

<b>Case Number:</b>	CM14-0184572		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old man who sustained a work injury on March 30, 2009. Subsequently, the patient developed with chronic low back pain with a severity rated the as 9/10 without medications. According to a progress report dated on November 3, 2014, the patient continued to complain of back pain. The patient states that that his medications are working well. He reported that stiffness and muscle spasm across his lower back. The patient physical examination demonstrated lumbar tenderness with reduced range of motion and positive facet loading test. The rest of his neuro exam was normal except for light touch sensation decrease over the lateral thigh on the left side. The patient was diagnosed with lumbar radiculopathy and lumbar degenerative disc disease. The patient was treated with oxycodone, OxyContin, Valium, Robaxin and docusate. The provider request authorization to continue OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg 180 tabs/ Oxycodone HCL 15mg 180 tabs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to California MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with his medications. There is no clear justification for the continued use of several opioid medications. Based on the above, the prescription of Oxycontin 20 mg 180 tabs/ Oxycodone HCL 15mg 180 tabs is not medically necessary.