

<b>Case Number:</b>	CM14-0048820		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/01/1997
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Rehabilitation & Pain Management 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 61 year old male with an injury date of 12/01/97. Based on the 01/09/14 progress report provided by [REDACTED], the patient complains of back pain and leg pain. Sensory is decreased in the lateral part of the thigh and calf on the left. The 10/03/13 report states the patient's knees are mildly swollen bilaterally. He is positive for decreased bowel and bladder control. The patient uses a walker and uses an orthotic brace when he leaves his home. His diagnoses include the following: Arthrodesis, L2 through S1; Painful degenerative disc, L1-2 Neuropathic pain, lumbar; Stenosis, lumbar postop; Degenerative disc, lumbar postop; Arthritis, left knee. The patient is currently taking Prozac, Neurontin, and Celebrex. [REDACTED] [REDACTED] is requesting for Oxycontin 40 mg 2 x daily. The utilization review determination being challenged is dated 03/10/14. [REDACTED] is the requesting provider, and he provided three treatment reports from 09/10/13, 10/03/13, and 01/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40 MG 2 X DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; OPIOIDS Page(s): 60, 61; 88-89.

**Decision rationale:** According to the 01/09/14 report, the patient presents with back pain and leg pain. The request is for Oxycontin 40 mg 2 x daily. The 09/10/13 report states that the patient has been taking Oxycontin at least from 05/02/12. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.