

<b>Case Number:</b>	CM14-0084744		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Family Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 has reported date of injury of June 27 of 2008. Apparently, he developed low back and neck pain after falling off a ladder. He has been diagnosed with post laminectomy syndrome, chronic back pain, lumbar radiculopathy, cervical pain in radiculopathy, asthma, depression, factor seven deficiency. The injured worker has been maintained on high-dose opioids, muscle relaxants, benzodiazepines, topical anti-inflammatories, home exercise program, and others. His physical exam has fairly consistently revealed tenderness in the cervical spine with spasm, tenderness in the thoracic and lumbar spine with spasm and diminished range of motion, positive straight leg raise testing, and diminished sensation consistent with lower extremity radiculopathies. He has had a fusion of the C5-C6 levels and the L4-S1 levels with a laminectomy. He reports his pain without medication is a 10/10 and with medication is a 3/10. The treating physician notes attempts to wean the opioids previously, the use of urine drug screening, the documentation of no side effects, improvement in daily function with the medication, and the presence of an opioid contract in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg XR #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Criteria For Use of Opioids Topic.

**Decision rationale:** Per the official disability guidelines, there are a number of actions necessary for ongoing management and opioids when they are used chronically. Prescriptions should be for a single practitioner, the lowest possible dose should be prescribed to improve pain and function, and there should be an ongoing review of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level function, or improve quality of life. Opioids should be discontinued if there is no overall improvement in function, continuing pain with evidence of adverse side effects, decrease in functioning, resolution of pain, serious non-adherence is occurring, the presence of illegal activity, or the patient requests it. The guidelines go on to state that opioids should be continued if the patient has returned to work or if the patient has improved functioning and pain. In this instance, it appears that the necessary monitoring requirements for opioid maintenance are occurring and that there is improved pain and functionality. The guidelines do not specify how improved functionality must be documented just that it is. The previous utilization review denied the OxyContin 80 mg on the basis that the total morphine equivalent daily dose exceeded 120 mg. That is allowable in the context of management by a pain physician and in this case that is the situation. Therefore, OxyContin 80 mg, #60, is medically necessary.