

<b>Case Number:</b>	CM14-0091729		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/19/2005
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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:

This 45 year-old patient sustained an injury on 6/19/05 after being struck in the head and right shoulder by heavy bars while employed by [REDACTED]. Request(s) under consideration include Oxycontin 40mg #120 with 1 refill. Diagnoses include chronic cervical spine pain; lumbar post-laminectomy syndrome s/p decompression at L3-S1, fusion at L4-S1 on 10/31/08; lumbar radiculopathy; closed head injury; depression; and Erectile dysfunction. The patient was noted to have failed ESI and SCS trial. MRI of cervical spine dated 2/28/09 showed osteoarthritic ridge at C4-5; EMG/NCS of 2/20/09 showed irritation of right C7 nerve root; lumbar spine MRI of 3/14/09 showed intact fixation at L4-5, L5-S1. Psychiatric evaluation of 9/3/10 noted patient with history of depression and suicidal ideation and determined the patient to be a poor candidate for spinal cord stimulator trial. EMG/NCV of 9/6/11 showed chronic left L4-S1 polyradiculopathy. Previous peer review of 3/13/14 modified request for consideration of Oxycontin of 40mg for #120 without refill to assist in weaning off opioids. The request(s) for Oxycontin 40mg #120 with 1 refill was non-certified on 6/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Pages 47-48, Chronic Pain Treatment Guidelines Opioids

Page(s): Pages 22, 67-68, 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This 45 year-old patient sustained an injury on 6/19/05 after being struck in the head and right shoulder by heavy bars while employed by [REDACTED]. Request(s) under consideration include Oxycontin 40mg #120 with 1 refill. Diagnoses include chronic cervical spine pain; lumbar post-laminectomy syndrome s/p decompression at L3-S1, fusion at L4-S1 on 10/31/08; lumbar radiculopathy; closed head injury; depression; and Erectile dysfunction. The patient was noted to have failed ESI and SCS trial. MRI of cervical spine dated 2/28/09 showed osteoarthritic ridge at C4-5; EMG/NCS of 2/20/09 showed irritation of right C7 nerve root; lumbar spine MRI of 3/14/09 showed intact fixation at L4-5, L5-S1. Psychiatric evaluation of 9/3/10 noted patient with history of depression and suicidal ideation and determined the patient to be a poor candidate for spinal cord stimulator trial. EMG/NCV of 9/6/11 showed chronic left L4-S1 polyradiculopathy. Previous peer review of 3/13/14 modified request for consideration of Oxycontin of 40mg for #120 without refill to assist in weaning off opioids. The request(s) for Oxycontin 40mg #120 with 1 refill was non-certified on 6/9/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycontin 40mg #120 with 1 refill is not medically necessary and appropriate.