

<b>Case Number:</b>	CM14-0091801		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/10/2014
<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 Texas and 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 is a 52-year-old male who reported an injury on 08/19/2008 after sustaining a work related injury. The injured worker was a correction officer trying catch an 800 pound food cart that was about to fall and he tried to break the fall by protecting his right arm. He was diagnosed with right rotator cuff injury. The injured worker had a history of neck pain with a diagnosis of cervical herniated nucleus pulposus with myelopathy and cervical stenosis. The MRI of the cervical spine dated 02/26/2014 revealed degenerative changes contribute to mild central canal narrowing at the C3-4 and the C4-5 as well as neural foraminal space narrowing on the left and the C3 and bilaterally at the C4. The MRI dated 08/04/2013 of the cervical spine revealed postoperative cervical spine with minimal retrolisthesis at the C4-5 resulting in mild to moderate spinal stenosis. The past treatments included nerve conduction study. Past surgical procedures included a right rotator cuff repair and anterior cervical discectomy and fusion with plate to the C5 through C7 dated 03/03/2010. The objective findings dated 11/14/2013 revealed an anterior incisional scar to the cervical region with noted spasms, severely limited range of motion with flexion at 5, extension at 5, right tilt 5, left tilt 5, right rotation 5, and left rotation of 5. Tenderness was noted to deep muscle palpation over the cervical midline and the occipital insertion of the paraspinals bilaterally, reflexes to the upper extremity were 3+ and brisk. The motor function revealed bilateral shoulder abduction 5/5, external rotation 5/5, and sensory testing revealed decreased sensation at the C4-5 dermatomal region. The medications included OxyContin 80 mg, oxycodone 30 mg, no VAS provided. The treatment plan included medication regimen, return in 1 month, and request for additional surgery. The request for authorization dated 07/25/2014 was submitted with documentation. No rationale for the provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg, QTY: 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75; 78.

**Decision rationale:** The request for Oxycontin 80mg, QTY: 270 is not medically necessary . The California MTUS guidelines recommend long-acting opioids (OxyContin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, there was no evidence of efficacy, ongoing pain management, and activities of daily living, no documentation for adverse side effects or aberrant drug taking behavior. The request did not address the frequency or the dosage. As such, the request is not medically necessary .

**Oxycodone 30mg, QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75; 86; 78.

**Decision rationale:** The request for Oxycodone 30mg, QTY: 180 is not medically necessary . California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Guidelines further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent. Per the guidelines, oxycodone should not exceed the 120 oral morphine equivalents. However, no frequency or dosage was provided. As such, the request is not medically necessary .