

<b>Case Number:</b>	CM13-0058813		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/1997
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 50 year old male with a work injury dated 11/20/97. The diagnoses include failed low back surgery syndrome; spinal fusion, status post fusion at L4-S1, external sphincter bladder dyssynergia; cervical sprain/strain; chronic high dose opiate use. Under consideration are requests for Oxycontin 30mg, MRI dated 5/14/13 with degenerative disc disease and facet arthropathy L 1-2 to L3-4, post op changes L4-5 and L5-S1 with neuroforaminal narrowing L3-4 and right L4-5 and Left L5-S1. A 10/26/13 progress note states that the patient presents today for follow-up regarding his cervical and lumbar spine complaints, and bilateral lower extremity numbness and tingling. He currently rates his pain a 7-8/10 on the pain scale. He reports that he was seen by psychologist recently, however, he has yet to see a psychiatrist and has nobody to take over his psychotropic medications. The patient was diagnosed with a bladder injury in the past and he continues to have difficulty emptying bladder. We have been requesting a spinal cord stimulator trial. The patient, however, wishes to avoid this at this time. At this time he reports that his lower back symptoms are the worst symptoms that he is experiencing at this time. He reports that he has had several spinal injections, and one S1 joint injection. He reports that the epidural injections in his back didn't really help with his pain. He reports the SI joint injection helped significantly with his pain. He has also had Botox injections in his cervical spine done which was done for his headaches. In regards to his medications, he is currently taking taking Oxycodone, 15 mg 3-4 each day; OxyContin, 30 mg twice a day; Wellbutrin one pill each day; Soma p.r.n. spasms; Baclofen once daily; Soma 1/2 pill every other day; Xanax one pill each day, and he reports that he has discontinued using Elavil. He reports that these medications help decrease his pain and

spasming, and help him to function throughout daily activities. He denies any side effects to the medications at this time. Objective findings include that the gait is antalgic with abnormal heel/toe walk with the use of a Single point cane. He has tenderness to palpation of the cervical spine as well as the lumbar spine. Cervical and lumbar spine range of motion is decreased in all planes. The patient displays 4+/5 strength to the bilateral upper and lower extremities on motor exam. Decreased left C5, C6, C8 dermatomes on sensory exam. Reflexes of the bilateral upper and lower extremities are intact throughout. Negative bilateral straight leg raise, negative bilateral Lasegue's test. Negative bilateral clonus. Negative bilateral Tinel's test. Negative bilateral Hoffman's test. Negative bilateral Spurling's. Positive facet loading challenge in the lumbar spine. Pain with extension of the lumbar spine. He has tenderness to palpation in bilateral SI joints, and positive FABER test bilaterally, positive compression and distraction bilaterally, positive Gaenslen's bilaterally, positive Forman's bilaterally. The treatment plan is that the patient to request bilateral SI jointinjections, given his objective findings on today's exam, and it considered adjacent level disease as it is the level below the fusion Site in his lumbar spine. In regards to medications, Oxycodone 15 mg will be decreased to three times a day as needed for pain, from four times a day as needed for pain, #90. He will continue with OxyContin 30 mg twice daily as needed for pain #60. Baclofen will be decreased to once daily, 10 mg as needed for spasm, #30; Xanax 0.5 mg once daily as needed for anxiety #30, Wellbutrin XL 150 mg daily, #30. Discontinue Soma at this time. He will also continue to stay off Elavil at this time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OXYCONTIN 30MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Oxycontin 30mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient was started on this medication dating back to May of 2013. The documentation does not indicate significant evidence of functional improvement despite being on Oxycontin. The request as written does not indicate a quantity. For all of these reasons the request for Oxycontin 30mg is not medically necessary.