

<b>Case Number:</b>	CM15-0006509		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	06/19/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38-year-old male who reported an injury on 06/19/2006. The mechanism of injury was the injured worker fell from a roof onto a wooden deck, landing on his buttocks. Prior therapies included pacing, home exercise program, pool/spa, TENS, medications, and psychotherapy. The injured worker was utilizing opioids since at least 2012. The injured worker had a laminectomy and discectomy at L4-5. The injured worker underwent urine drug screens. The documentation of 12/15/2014 revealed the injured worker had complaints of right shoulder, mid to low back pain, right elbow pain, bilateral hamstring pain, left calf pain, bilateral knee pain, and pelvic and groin area pain. The injured worker indicated he had no change in his activities of daily living. The injured worker was taking medications as prescribed, and the physician documented the injured worker showed no evidence of developing medication dependency. The medications were working well. There were no side effects, and the injured worker indicated he had functional benefit with medication. There was no medication abuse suspected. The pain score without medications was 9/10 to 10/10, and the injured worker performed activities of daily living with some difficulty and had difficulty doing things throughout the day due to pain. With the medications, the injured worker's pain score was 5/10, and the injured worker was able to perform activities of daily living with less difficulty, was able to function and do things throughout the day with less difficulty due to decreased pain. The injured worker was utilizing morphine sulfate and OxyContin. The treatment plan included a continuation of medications and the home exercise program. The injured worker's medications included methadone HCL 10 mg, morphine sulfate ER 60 mg 1 three times a day, and

OxyContin 60 mg 1 three times a day. There was no Request for Authorization submitted for review.

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

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

**Oxycontin 60 mg #59 with 0 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was utilizing multiple opiate type pain medications. The daily morphine equivalent dosing would be 530 mg, which far exceeds the maximum recommendation of 120 mg. The documentation indicated the injured worker had been utilizing the medication for an extended duration of time. There was documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the daily morphine equivalent dosing exceeds guideline recommendations, the request for OxyContin 60 mg #59 with 0 refills is not medically necessary.