

<b>Case Number:</b>	CM15-0017099		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female, with a reported date of injury of 11/02/1999. The diagnoses include lumbar radiculopathy, low back pain, spinal stenosis, and postlaminectomy syndrome. Treatments have included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, oral medications, topical pain medication, and a functional rehabilitation program for one month. The medical report dated 12/22/2014 indicates that the injured worker complained of back pain, leg pain, shoulder pain, neck pain, and arm pain. It was noted that the injured worker had good pain relief effect with the medication, with no history of abuse or diversion. The injured worker had no adverse effects with the pain medications. She rated her pain 7 out of 10. The physical examination showed normal range of motion of the head and neck, no tenderness noted in the cervical and thoracic paraspinal muscle regions, intact sensation in the bilateral upper extremities, tenderness to palpation on the lumbosacral region, decreased extension and lateral rotation, some paraspinal muscle spasms, decreased to light touch sensation at right L4-5 and L5-S1 distribution, and positive bilateral straight leg raise test. The treating physician requested Oxycontin 80mg to help with performing activities of daily living. On 01/02/2015, Utilization Review (UR) denied the request for Oxycontin 80mg, noting an inconsistent drug screen, and the injured worker should have had an adequate amount of time to have completely weaned off Oxycontin 80mg. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Product Information, Purdue Pharma

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with lower back pain and right-sided sciatica, rated 6/10. The request is for OXYCONTIN 80 MG. Patient is status post laminectomy and discectomy, dates unspecified. Patient's treatments have included medications, physical therapy, pain management consultations, TENS unit, ESIs, and FRP program. Per 12/22/14 progress report, patient's diagnosis include lumbago, spinal stenosis unspecified region, post-laminectomy syndrome unspecified region and lumbar radiculitis. Patient's medications include Oxycodone, Oxycontin and Thermacare Small/Medium Back/Hip Bandage. Patient has been prescribed Oxycontin from 06/30/14 and 12/22/14. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater has not provided reason for the request. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Per 12/22/14 progress report, treater states that with Oxycontin, patient is able to perform activities of daily living. However, treater has not stated how Oxycontin decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD's, CURES or opioid pain contract were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.