

<b>Case Number:</b>	CM15-0019247		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 injured worker is a 58-year-old male with an industrial injury dated January 28, 2002. The injured worker diagnoses include left ankle derangement, right wrist strain and ambulation dysfunction. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, ortho shoes, brace, crutches, and periodic follow up visits. According to the progress note dated 1/6/2015, his treating physician noted that he continues to have left ankle pain due to overcompensation, now with right leg pain. He also complains of lower back pain due to altered gait. His pain level was rated a 10/10 un-medicated and a 6-7/10 with prescribed medications. The treating physician prescribed Oxycontin 10mg #60 and Oxycontin 80mg #60. Utilization Review determination on January 15, 2015 modified the request to Oxycontin 80mg #60 between 1/6/2015 and 3/9/2015 and denied the request for Oxycontin 10mg #60, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Oxycontin 10mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of OxyContin 10mg #60 is not medically necessary.

**1 Prescription of Oxycontin 80mg, #60: Upheld**

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