

<b>Case Number:</b>	CM15-0118729		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 51-year-old male, who sustained an industrial injury on 11/4/09. He reported pain in his neck. The injured worker was diagnosed as having post cervical laminectomy syndrome and cervical pain. Treatment to date has included acupuncture, cervical spine surgery on 1/11/10, an EMG/NCS and a cervical MRI on 5/18/10 showing mild canal stenosis with probable cord effacement at C6-C7. Current medications include Cialis, Oxycodone, Brintellix and OxyContin since at least 12/4/14. On 1/27/15, the injured worker rated his pain without medications an 8/10 and a 6/10 with medications. As of the PR2 dated 5/28/15, the injured worker reports increased pain in his neck. He rates his pain a 10/10 without medications and is unable to sleep. He indicated a decrease in his activity level and has not been able to receive medications due to insurance denial. Objective findings include cervical flexion 30 degrees, extension 5 degrees and lateral rotation 45 degrees bilaterally. He also has tenderness to the cervical paraspinal muscles and Spurling's maneuver causes pain in the muscles of the neck radiating to the right arm. The treating physician requested to continue OxyContin 40mg #60. The patient has had urine drug screen test on 3/28/2012 that was positive for Methamphetamine, Marijuana and Amphetamine and it was inconsistent. A recent detailed urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg (every 12 hours), #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; On-Going Management; When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80and CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Request: OxyContin 40mg (every 12 hours), #60 OxyContin 40mg (every 12 hours), is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants), without the use of OxyContin, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of OxyContin 40mg (every 12 hours), #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. This request is not medically necessary.