

<b>Case Number:</b>	CM15-0170607		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/12/1987
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 60 year old male who sustained an injury on 1-12-87 resulting while lifting and pushing carts he developed low back and radiating leg pain. Diagnoses include L4-L5 disc bulge with bilateral L5 radicular pain. The medical records indicate that he has been stabilized on Oxycodone 10 mg twice a day since November 2013 and has decreased the OxyContin 5 mg 2 tablets during the day as needed for pain. He continues to have low back pain. The urine screening results from 1-30-15 report Opiate, Oxycodone and Cannabinoid were positive. On 6-26-15, he was evaluated and noted that his back pain was 10% better and rates the pain as 5 out of 10 in the low back. This was attributed to being off work for several days. His back pain is aggravated by lifting; feels better walking and states 99% of his pain in his back and 1% in his right leg. He continues to take OxyContin 10 mg 1 tablet every night; Oxycodone 5 mg one tablet twice a day as needed for pain. Physical examination of the lumbar spine flexion was 45 degrees and elicits low back pain; seated bilateral straight leg raise was 80 degrees and elicits a stretch pull sensation in the posterior leg. The recommendation included a prescription for OxyContin 10 mg and Oxycodone 5 mg and a urine toxicity screen was completed. On 7-30-15 he presents for follow-up on low back pain that was stabilized. The pain is rated as 5 out of 10 with the medications and is aggravated by sitting, standing and walking. The pain is primarily located midline L5-S1. Lumbar flexion is 45 degrees increasing low back pain and with extension is worse than flexion 1- degrees eliciting low back pain. Straight leg raise test bilaterally is 70 degrees and elicits low back pain. Prescriptions for OxyContin 10 mg every

night #30 and Oxycodone 5 mg 1 -2 tablets daily as needed were recommended and urine drug test.

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

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

**Oxycontin 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1987 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycontin 10 mg Qty 30 is not medically necessary and appropriate.

**Oxycodone 5 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of

an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 1987 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 5 mg Qty 60 is not medically necessary and appropriate.