

<b>Case Number:</b>	CM15-0177591		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/04/2005
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Maryland

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

This 46 year old male sustained an industrial injury on 8-4-05. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, myofascial pain syndrome, bilateral inguinal hernias, depression and opioid type dependence. Previous treatment included anterior lumbar interbody fusion and medications. The injured worker underwent laparoscopic mesh repair of a right inguinal hernia with Ultrapro mesh by [REDACTED] with fibrin sealant fixation and open mesh repair of left indirect inguinal hernia with Ultrapro hernia system large mesh on 8-20-15. In a pre-anesthesia assessment dated 8-20-15, the physician noted that current medications included Zoloft, Oxycontin and Diazepam. 8-21-15, the injured worker called the physician regarding poor pain control. The injured worker was requesting an increase in pain medications. In a PR-2 dated 8-25-15, the injured worker complained of back pain with radiation to the left leg and heel, rated 5 out of 10 on the visual analog scale. Physical exam was remarkable for three surgical incision sites at the umbilicus and inguinal area, all clean, dry and intact, with tenderness to palpation in the inguinal area. The physician noted that the injured worker stated that he was advised by his surgeon to increase his Oxycontin dose to three times a day until follow up with us. The physician stated that since this appeared to control his pain, he would continue at this dose for one month to control postoperative pain, then decrease to his usual dose of Oxycontin 30mg twice a day. On 8-31-15, Utilization Review non-certified a request for OxyContin 30mg #90, (postoperative medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg #90 (post-operative): 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, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** OxyContin 30mg #90 (post-operative) is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or evidence of functional improvement with prior use of Oxycontin. The requested dose exceeds the MTUS 120mg morphine equivalent dose. Although the patient would require postoperative analgesia it is not medically necessary to have a one month supply of a long acting opioid at a morphine equivalent dose over 120mg. This request is not medically necessary.