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| <b>Case Number:</b>   | CM15-0179360 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 06/23/2000 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 6-23-00. Medical record indicated the injured worker is undergoing treatment for lesions of lumbosacral plexus, degeneration lumbar lumbosacral disease, lumbar post laminectomy syndrome, periostitis, depression, psychogenic pain and long term. Treatment to date has included lumbar laminectomy, oral medications including OxyContin since at least 1-23-15, Citalopram 10mg, Nortriptyline 10mg, Aspirin 81mg, Celexa 230mg, Cenestin 0.625mg; topical Ketamine cream and Lidoderm patch, physical therapy, home exercise program and activity modifications. Urine drug screen was consistent with medications prescribed. On 6-22-15 she complained of back pain with numbness and tingling in the right upper leg with a new popping which has gotten worse over the past 3-6 months and on 7-28-15, the injured worker complains of continued right hip pain with continued popping in right hip. Work status is noted to be permanent and stationary. Objective findings dated 7-18-15 included well healed lumbar surgical scar with no other abnormalities documented. The treatment plan dated 7-28-15 included a prescription for Oxycontin 10mg #90. On 8-7-15, utilization review non-certified a request for OxyContin 10mg #90 noting there is no documentation of objective functional benefit from prior use of the medication, no current pain level and no documentation of a risk assessment profile or updated and signed pain contract submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 7.28.15 Oxycontin 10mg #90: 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 claimant was injured in 2000, now 15 years ago, with lesions of the lumbosacral plexus, degeneration lumbar lumbosacral disease, lumbar post laminectomy syndrome, periostitis, depression, and psychogenic pain. Treatment to date has included the OxyContin since at least 1-23-15. As of June, she still complained of back pain with numbness and tingling in the right upper leg with a new popping, which has gotten worse over the past 3-6 months. There is no documentation of objective functional benefit from prior use of the medication, no current pain level and no documentation of a risk assessment profile or updated and no signed pain contract submitted for review. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.