

<b>Case Number:</b>	CM15-0026653		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 was a 53 year old male, who sustained an industrial injury, July 23, 2008. The injury was sustained when the injured worker was trapped under a forklift for two and a half hours. The injured worker spent 6 weeks in the hospital recovering from the injuries sustained in the accident. The injured worker has undergone over 30 surgeries and procedures after the accident. According to progress note of January 8, 2015, the injured workers chief complaint was increased tightness in the paraspinals. The physical exam noted increased tenderness of the left lumbosacral area right greater than the left with mild buttock tenderness and sciatic nerve tenderness. There was moderate to severe increased sensitivity to light touch of both lower extremities with burning sensation from the knees down. There was also a burning sensation in the thigh region. The injured worker was also having an electric shock-like pain and cramps in the leg muscles. The forward flexion was 20 degrees; hyperextension 5 degrees with left and right lateral bend 5 degrees. The heel to toe walking and heel walking was abnormal. The injured worker was diagnosed with CRPS (complex regional pain syndrome), urinary incontinence, erectile dysfunction, chronic pain, opiate related headaches, sleep difficulties due to pain, profuse sweating, depression, posttraumatic stress disorder, anxiety, degenerative disc disease, neurogenic bladder, low back pain, chronic radiculopathy of the lumbar spine, paraplegia and crushing injury of multiple sites. The injured worker previously received the following treatments psychiatric services, acupuncture, Neurontin, Lyrica, Ambien, OxyContin, Diazepam, Endocet, Cymbalta, toxicology laboratory studies, Botox injection for urinary incontinence, spinal cord stimulator left buttocks, January 8, 2015, the primary treating physician requested

authorization for a prescription for Oxycontin 60mg #90. On January 30, 2015, the Utilization Review denied authorization for Oxycontin 60mg #90. The denial was based on the MTUS/ACOEM and ODG guidelines.

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

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

**Oxycontin 60 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. 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 60 mg #90 is not medically necessary.