

<b>Case Number:</b>	CM15-0027707		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 71 year old female with an industrial injury date of 05/06/2002. She presents on 12/02/2014 stating she was in severe pain. The pain radiated into both gluteal regions and down both legs. She rates pain as 4/10 with her medications and 10/10 without medications. Physical exam revealed forward-flexed antalgic posture. Palpation revealed muscle spasm in the lumbar trunk. She can flex 20 degrees; extend 5 degrees with back pain. Right and left straight leg raise are both 80 degrees causing left-sided back pain that radiates in the left buttock and posterior thigh. The provider documents the injured worker is under a narcotic contract and urine drug screens have been appropriate. Prior treatments include spinal cord stimulator, medications, psychology evaluation, TENS unit, diagnostics and medications. X-ray and MRI reports are in submitted records. Diagnosis included: Persisting back pain with history of anterior and posterior spinal fusion from lumbar 3 - sacral 1 with an Expedium; T1 system with posterolateral arthrodesis and fusion from lumbar 3 - sacral 1. Pulmonary embolism - post operative. Now off anti-coagulant therapy. Anxiety and depression. On 01/14/2015 the request for Oxycontin 80 mg # 90 was modified to one prescription of Oxycontin 80 mg # 23 by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Oxycontin 80mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 80 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are persistent back and leg pain; history anterior and posterior spinal fusion L3 - S1 with Expedium T1 device poster lateral arthrodesis with fusion L3 - S1; status post removal spinal cord stimulator; complications pulmonary embolism following surgery; anxiety and depression. The documentation in the medical record shows the injured worker was taking Oxycontin 80 mg TID along with Norco six tablets per day for breakthrough pain back in August 6, 2012. The most recent progress note December 30, 2014 shows the injured worker is still taking Oxycontin 80 mg TID along with Norco for breakthrough pain. There has been no attempt to wean the patient off Oxycontin. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation with objective functional improvement to gauge Oxycontin efficacy. Consequently, absent clinical documentation with objective functional improvement with risk assessments and detailed pain assessments, Oxycontin 80 mg #90 is not necessary.