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| <b>Case Number:</b>   | CM15-0074072 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 12/06/1999 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/17/2015 |

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 50 year old male who sustained an industrial injury on 12/6/99 when he was picking up tree trunks he injured his low back. He was experiencing low back pain and foot numbness. He used ice, heat, chiropractic treatments, physical therapy, and acupuncture. Medications were helpful. He had an MRI of the lumbar spine showing a disc herniation and needed crutches to ambulate. He currently complains of low back pain (5-8/10 with medications); neck pain (4-7/10 with medications); intermittent leg weakness with burning and paresthesia's. With medications, he is able to participate more in activities of daily living. Medications are Topamax, tizanidine, oxycodone, Nuvigil. Diagnoses include status post lumbar surgery-fusion L4-S1; chronic neck strain with left sided radicular symptoms; chronic low back pain; bilateral leg pain, probably neuropathic; insomnia due to pain; reactive depression; complex regional pain syndrome; progressive bilateral leg weakness; opioid use; myofascial pain syndrome, lumbar. Diagnostics include computed tomography of the lumbar spine (1/2/15) with abnormality; MRI of the lumbar spine (3/8/15) abnormal. In the progress note dated 4/2/15 the treating provider's plan of care requested OxyContin 10 mg # 240 for chronic pain so he can taper; oxycodone 10/325mg #90 for flares and breakthrough pain, now denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement that can be objectively measured and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin is not medically necessary.

**Oxycodone 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement that can be objectively measured and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.