

<b>Case Number:</b>	CM15-0078212		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41-year-old male, who sustained an industrial injury on June 30, 2010. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculopathy, chronic pain syndrome, lumbar spine degenerative disc disease, depression, insomnia and morbid obesity. Treatment to date has included medications, radiological studies, electro diagnostic studies and a home exercise program. Current documentation dated March 12, 2015 notes that the injured worker reported severe low back pain with burning down the right leg to the top of the foot. The pain was rated an eight out of ten on the visual analogue scale with medications. Examination revealed pain in the bilateral low back, buttocks and lower extremities. There was no change in the pain or spasticity control since the prior visit. The frequency of the pain and spasticity was noted to be worsening. The treating physician's plan of care included a request for the medication Oxycontin 40 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The 41-year-old patient presents with pain in lower back, bilateral buttocks, and bilateral legs, rated at 9/10 on average, as per progress report dated 03/12/15. The request is for Oxycontin 40 mg # 60. The RFA for the case is dated 03/16/15, and the patient's date of injury is 06/30/10. Diagnoses, as per progress report dated 03/12/15, included right lumbar radiculopathy, chronic pain syndrome, and degenerative disc disease of lumbar spine, depression, chronic insomnia, and morbid obesity. Medications included Oxycontin, Roxicodone, Ambien, Lexapro, Lidoderm patch, Methocarbamol, Nortriptyline, Metformin, Actos, Lisinopril, Simvastatin. The progress reports do not discuss the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Oxycontin is first noted in progress report dated 12/17/14. Prior reports document the use of Roxicodone and Methadone. In fact, the most recent progress report dated 03/12/15 documents the use of both Oxycontin and Roxicodone. As per the report, the patient's pain is rated at 8/10 with medications and 10/10 without medications. He is, however, in reclined or resting position "50%-75% of the waking day." The patient does go out daily and can go without assistance. The treater has placed a hold on UDS because the patient is not receiving medications consistently, as per the same report. As per prior progress report dated 01/15/15, medications reduce the patient's pain from 10/10 to 8/10. The report also indicates that the patient is in resting or reclined position for 50 to 75% of the waking day. However, the report also states that the patient tried to reduce the use of Oxycontin. With the original dosage "he was able to walk for 5 blocks but after 1-2 days with a reduced oxycodone he was only able to manage one block." The treater also reports that with medication the patient able to go to the grocery store and wake up only once at night but without medications he could go for grocery shopping and woke up 3-4 times a day. Progress report dated 09/23/14 states that UDS and CURES reports were consistent. Given the patient's severe pain and clear discussion regarding analgesia, ADLs, and aberrant behavior, the request is medically necessary.