

<b>Case Number:</b>	CM15-0099162		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male who sustained a work related injury November 4, 2009. According to a primary treating physician's progress report, dated April 21, 2015, the injured worker presented with complaints of neck pain, rated 7/10 with medication and 10/10 without medication. Physical examination revealed an antalgic gait, unsteady and wide-based, spastic, obvious clonus and Babinski present. Cervical spine finds range of motion restricted with flexion limited to 30 degrees and extension limited to 25 degrees by pain. The paravertebral muscles of the thoracic spine reveal spasm and tenderness, both sides. The left shoulder joint reveals movement restricted with internal rotation behind body to 45 degrees, Hawkins test is positive and tenderness to palpation noted in the acromioclavicular joint and biceps groove. Straight leg raising test is negative and Hoffman's sign is positive on both sides. Diagnoses are cervical pain and post cervical laminectomy syndrome. Treatment plan included recommendation to schedule dental appointment, continue current medications, and attention to worsening balance issues with another physician. At issue, is the request for authorization for OxyContin ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin ER 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work injury in November 2009 and continues to be treated for chronic neck pain. When seen, medications are referenced as decreasing pain from 10/10 to 7/10 and allowing for completion of ADLs as well as improved positional tolerances. Physical examination findings included decreased cervical spine range of motion and thoracic paraspinal muscle tenderness with spasms. There was decreased left shoulder range of motion with tenderness and positive impingement testing. Hoffman's sign was positive bilaterally. Medications being prescribed include Oxycontin and Oxycodone at a total MED (morphine equivalent dose) of nearly 190 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Oxycontin at this dose was not medically necessary.