

<b>Case Number:</b>	CM14-0140409		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include OxyContin 40mg and Oxycodone HCL 10mg. Diagnoses include shoulder joint pain; cervical intervertebral disc displacement without myelopathy/ disc degeneration/ cervicalgia/ post-laminectomy syndrome/ fusion (undated); left shoulder surgeries (undated). Report of 7/22/14 from the provider noted the patient with ongoing chronic neck pain and left shoulder pain along with low back pain with urinary incontinence. There is associated headaches and peripheral numbness with cervical pain rated at 8-10/10 with and without medications. It was noted medications all for increased mobility, keeping patient functional tolerating ADL and home exercises. Current medications list Norco, Gabapentin, Trazodone, Restoril, OxyContin, and Oxycodone. Exam showed cervical tenderness at C3-4 paraspinals; limited range in all planes; thoracic tenderness; lumbar spine with positive SLR bilaterally. MRI of lumbar spine was certified for bladder issues of incontinence from worsening low back pain. The request(s) for OxyContin 40mg and Oxycodone HCL 10mg were non-certified on 8/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include OxyContin 40mg and Oxycodone HCL 10mg. Diagnoses include shoulder joint pain; cervical intervertebral disc displacement without myelopathy/ disc degeneration/ cervicalgia/ post-laminectomy syndrome/ fusion (undated); left shoulder surgeries (undated). Report of 7/22/14 from the provider noted the patient with ongoing chronic neck pain and left shoulder pain along with low back pain with urinary incontinence. There is associated headaches and peripheral numbness with cervical pain rated at 8-10/10 with and without medications. It was noted medications all for increased mobility, keeping patient functional tolerating ADL and home exercises. Current medications list Norco, Gabapentin, Trazodone, Restoril, OxyContin, and Oxycodone. Exam showed cervical tenderness at C3-4 paraspinals; limited range in all planes; thoracic tenderness; lumbar spine with positive SLR bilaterally. MRI of lumbar spine was certified for bladder issues of incontinence from worsening low back pain. The request(s) for OxyContin 40mg and Oxycodone HCL 10mg were non-certified on 8/19/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The OxyContin 40mg is not medically necessary and appropriate.

**Oxycodone HCL 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** This patient sustained an injury on 10/19/2000 while employed by [REDACTED]. Request(s) under consideration include OxyContin 40mg and Oxycodone HCL 10mg. Diagnoses include shoulder joint pain; cervical intervertebral disc displacement without myelopathy/ disc degeneration/ cervicalgia/ post-laminectomy syndrome/ fusion (undated); left shoulder surgeries (undated). Report of 7/22/14 from the provider noted the patient with ongoing chronic neck pain and left shoulder pain along with low back pain with urinary

incontinence. There is associated headaches and peripheral numbness with cervical pain rated at 8-10/10 with and without medications. It was noted medications all for increased mobility, keeping patient functional tolerating ADL and home exercises. Current medications list Norco, Gabapentin, Trazodone, Restoril, OxyContin, and Oxycodone. Exam showed cervical tenderness at C3-4 paraspinals; limited range in all planes; thoracic tenderness; lumbar spine with positive SLR bilaterally. MRI of lumbar spine was certified for bladder issues of incontinence from worsening low back pain. The request(s) for OxyContin 40mg and Oxycodone HCL 10mg were non-certified on 8/19/14. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Oxycodone HCL 10mg is not medically necessary and appropriate.