

<b>Case Number:</b>	CM14-0172744		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 and 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 40 year-old patient sustained an injury on 5/22/08 while employed by [REDACTED]. Request(s) under consideration include Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180. Diagnoses include thoracic/ lumbosacral neuritis/ radiculitis/ neuralgia; lumbar intervertebral disc displacement without myelopathy; and lumbago. Report of 9/10/14 from the provider noted the patient with ongoing constant chronic low back and leg pain associated with right leg sciatica; complaints of insomnia, depression, anxiety, and constipation. Medications list Zanaflex and Gabapentin. Medications list Zanaflex, Gabapentin, Oxycodone, and Oxycontin. Exam showed muscle weakness and stiffness; lumbar spine with decreased range in all planes; tenderness at lumbar spine and facet joints with crepitus and tenderness to bilateral joint line with crepitus on range. The request(s) for Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180 were non-certified on 10/3/14 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 ER 60mg 1 tablet po q 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

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

**Decision rationale:** This 40 year-old patient sustained an injury on 5/22/08 while employed by [REDACTED]. Request(s) under consideration include Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180. Diagnoses include thoracic/ lumbosacral neuritis/ radiculitis/ neuralgia; lumbar intervertebral disc displacement without myelopathy; and lumbago. Report of 9/10/14 from the provider noted the patient with ongoing constant chronic low back and leg pain associated with right leg sciatica; complaints of insomnia, depression, anxiety, and constipation. Medications list Zanaflex and Gabapentin. Medications list Zanaflex, Gabapentin, Oxycodone, and Oxycontin. Exam showed muscle weakness and stiffness; lumbar spine with decreased range in all planes; tenderness at lumbar spine and facet joints with crepitus and tenderness to bilateral joint line with crepitus on range. The request(s) for Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180 were non-certified on 10/3/14. 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. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 ER 60mg 1 tablet po q 8 hours #90 is not medically necessary and appropriate.

**Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 77-78.

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

**Decision rationale:** This 40 year-old patient sustained an injury on 5/22/08 while employed by [REDACTED]. Request(s) under consideration include Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180. Diagnoses include thoracic/ lumbosacral neuritis/ radiculitis/ neuralgia; lumbar intervertebral disc displacement without myelopathy; and lumbago. Report of 9/10/14 from the provider noted the patient with ongoing constant chronic low back and leg pain associated with right leg sciatica; complaints of insomnia, depression, anxiety, and constipation. Medications list Zanaflex and Gabapentin.

Medications list Zanaflex, Gabapentin, Oxycodone, and Oxycontin. Exam showed muscle weakness and stiffness; lumbar spine with decreased range in all planes; tenderness at lumbar spine and facet joints with crepitus and tenderness to bilateral joint line with crepitus on range. The request(s) for Oxycontin ER 60mg 1 tablet po q 8 hours #90 and Oxycodone 30mg 1 tablet po q 4 hours nte 6 day #180 were non-certified on 10/3/14. 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. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 2008 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 30mg 1 tablet po q 4 hours nte 6 day #180 is not medically necessary and appropriate.