

<b>Case Number:</b>	CM13-0027072		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/08/1999
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine 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:

Patient is a 57-year-old female who has submitted a claim for degenerative disc disease, chronic low back pain, cervical degenerative disc disease, anxiety and depression unspecified, chronic constipation associated with an industrial injury date of 1/8/1999. Medical records from 2012-2014 were reviewed which revealed continuous low back pain which radiates to her right leg. It was controlled by taking medications and allows her to be active and functional. Pain scale was 9/10, and relieved to 1/10 upon intake of medications. She is unable to do her usual activities of daily living. Physical examination showed reduced flexibility consistent with known degenerative changes. There was tenderness on lumbar paraspinal musculatures. Braggard and Straight leg raise tests were positive on the right calf. Kemp's maneuver was negative bilaterally. X-ray findings dated 11/4/12 indicated moderate spondylosis at L5-S1, with mild posterior spondylosis at L2-L3 and L3-L4. Treatment to date has included, daily strengthening exercises and chiropractic sessions. Medications taken were Oxycontin 40 mg, Hydrocodone/APAP 10/325mg, Lexapro 30 mg, Bupropion XL 450mg, Lasix 80 mg, KCL Meq BID with Lasix as needed, Abilify 15mg and Motrin 600mg as needed. Utilization review from 9/12/13 modified the request of Oxycontin 40mg #50 to #45 to allow minimum amount of daily Hydrocodone 30 mg combined with daily Oxycontin 90 mg because allowable cumulative morphine dose per day is 120mg/day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40MG #50:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section Page(s): 78.

**Decision rationale:** As stated on page 78 of the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Oxycontin since at least 2012. Progress report dated 10/29/2013 cited that her pain scale decreased from 9/10 to 0/10 with Oxycontin. She no longer stays in bed to relieve the pain and was able to do her activities of daily living. Furthermore, no adverse effects were noted. The guideline criteria have been met. Therefore, the request for Oxycontin 40mg/tab #50 is medically necessary.