

<b>Case Number:</b>	CM13-0037168		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 38-year-old male who reported a work related injury on 04/27/2011 as a result of strain to the lumbar spine. Subsequently, the patient presents for treatment of the following diagnoses: lumbago and low back pain. The clinical note dated 09/10/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents with an increased pain complaint about the low back, and the patient reports pain medications are not taking care of his pain. The patient reports his pain at an 8/10 with medication usage. The patient's medication regimen includes benazepril, Seroquel, lansoprazole, Norco 10/325 one tab by mouth q. 4 hours, oxycodone 20 mg 1 by mouth q. 8 hours, and Zanaflex 4 mg 1 by mouth 8 hours. The provider documents, upon physical exam of the patient's lumbar spine, painful midline and paraspinal muscles were noted. Tenderness about the bilateral lower lumbar paraspinal muscles was evidenced. The provider documented range of motion was markedly decreased secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 86.

**Decision rationale:** The current request is not supported. The current request for OxyContin 20 mg in addition to the patient's utilization of oxycodone 60 mg, as well as Norco 10/325 is in excess of the recommended morphine equivalent dosage per day per guidelines. California MTUS indicates that dosing not exceed 120 mg of oral morphine equivalence per day, and for patients utilizing more than 1 opioid, the morphine equivalent dose is that the different opioids must be added together to determine the cumulative dose. The patient's cumulative dose with utilization of oxycodone, OxyContin, and Norco result in a total MED of 220. Given all of the above, the request for OxyContin 20mg #90 is not medically necessary or appropriate.