

<b>Case Number:</b>	CM13-0038773		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/29/1993
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 59 year old female who reported a work-related injury on 6/29/93. Her diagnoses include major depressive disorder, pain disorder, post-laminectomy syndrome, and osteoarthritis. The note dated 5/7/13 indicated the patient had a right revision total hip arthroplasty three years ago. The note states she can walk about a mile, but with extreme pain. Also, she recently underwent a cortisone injection that provided her approximately one month of relief and her prior injections lasted several months. Imaging obtained 5/7/13 shows left side joint space narrowing, subchondral sclerosis, and several large osteophytes consistent with end stage arthritis. She was recommended left hip injection and Lidoderm patches. The 6/1/13 note indicates the patient's previous complaint of pain with an average rate of 8/10 in her left hip. Also, the patient stated her lose dose Oxycontin helps her function at a basic level. The 10/1/13 note indicates the patients low back and radicular pain has increased since her fall and is now 3-9/10. The 10/17/13 note reports she is unable to walk more than a few minutes without stopping to rest, as well as limiting her activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 92.

**Decision rationale:** The California MTUS guidelines recommend a maximum daily dose based on acetaminophen content, with a maximum of 4000mg/day. For severe pain, 10-30mg every 4-6 hours as needed can suffice. Additionally, the guidelines recommend discontinuation if there is no overall improvement in function, if there is continuing pain, if there are intolerable adverse effects, if there is decrease in functioning, if there is resolution of pain, if serious non-adherence is occurring, or the patient requests discontinuing. The documentation submitted fails to provide evidence of overall improvement. There is no documentation of the medication's efficacy in providing sufficient relief for the patient. Given the above, the request is non-certified.