

<b>Case Number:</b>	CM13-0039881		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Practice, and is licensed to practice in 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 52-year-old who reported an injury on 08/05/2007. The patient was reportedly injured during an altercation with an inmate while on duty. The patient is currently diagnosed with back pain. The patient was recently seen by [REDACTED] on 11/14/2013. The patient reported ongoing 9/10 lower back pain. Physical examination was not provided. Treatment recommendations included a follow-up visit in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg, 90 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report severe pain. As

satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life, the current request for the ongoing use of this medication cannot be determined as medically appropriate. The request for Oxycontin 80 mg, 90 count, is not medically necessary or appropriate.

**Oxycodone 200 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report severe pain. As satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life, the current request for the ongoing use of this medication cannot be determined as medically appropriate. The request for Oxycodone 200 mg, 120 count, is not medically necessary or appropriate.