

<b>Case Number:</b>	CM13-0049977		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/10/2001
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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, 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 53-year-old male who reported injury on 07/10/2001. The mechanism of injury was not provided. The patient was noted to have a degeneration at L4-5 with radiating pain to the right leg. The patient was noted to have a lumbar epidural steroid injection and a radiofrequency ablation. The patient was noted to suffer severe spasms. The patient was noted to ambulate without assistance but with an antalgic gait and with moderate pain over the low back. The request was made for OxyContin and Oxymorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, Opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** California MTUS Guidelines indicate that opiates are recommended for chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects and aberrant drug taking behavior to support ongoing use. California MTUS Guidelines recommend that oral morphine equivalents

do not exceed 120 mg per day and that for patients taking more than 1 opioid the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The cumulative dose for the patient per the submitted documentation would be 170 mg of oral morphine equivalents which exceeds the guideline recommendations. There was a lack of documentation indicating the patient had met the above criteria as there was a lack of documentation of all of the above. Given the above, the request for OxyContin 40 mg #60 is not medically necessary.

**Oxymorphone IR 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** California MTUS Guidelines indicate that opiates are recommended for chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects and aberrant drug taking behavior to support ongoing use. California MTUS Guidelines recommend that oral morphine equivalents do not exceed 120 mg per day and that for patients taking more than 1 opioid the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The cumulative dose for the patient per the submitted documentation would be 170 mg of oral morphine equivalents which exceeds the recommendations. There was a lack of documentation indicating the patient had met the above criteria as there was a lack of documentation of all of the above. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Oxymorphone IR 10 mg is not medically necessary.