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| <b>Case Number:</b>   | CM13-0053405 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 06/29/2000 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 10/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 63-year-old gentleman was reportedly injured on June 29, 2000. The mechanism of injury is noted as falling about 2 feet off of a stool. The most recent progress note, dated October 17, 2013, indicates that there are ongoing complaints of low back pain and spasms radiating down both lower extremities. Current medications include OxyContin, Norco, Lunesta, Protonix, and ranitidine. The physical examination demonstrated decreased lumbar spine range of motion and a bilateral straight leg raise test at 80. There was decreased sensation at the lateral calf and the bottom of the left foot. There was tenderness over the lumbar spine with muscle spasms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar support brace and oral medications. A request had been made for OxyContin 40 mg and was not certified in the pre-authorization process on October 23, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 OXYCONTIN 40MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97 of 127..

**Decision rationale:** MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. According to the progress note dated October 17, 2013, the injured employee states that there is 50% functional improvement with medications and they allow him to participate in activities of daily living as well as going fishing. No side effects were noted. As such, this request for OxyContin 40 mg is medically necessary.