

<b>Case Number:</b>	CM13-0056100		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

There were 60 pages for this review. Per the records provided, the claimant is status post posterior lumbar interbody fusion at L4-L5-S1. The claimant continues with low back pain with radicular symptoms in the lower extremities. The claimant has an antalgic gait. He was using a walker to assist with his ambulation. Straight leg raise in the left lower extremity was positive at 60. The claimant was prescribed soma, Percocet, OxyContin, Cymbalta, Neurontin, Ambien and topical creams. He remains out of work. The application for independent medical review noted he had a post laminectomy syndrome. The medicines were OxyContin 20 mg. There was a primary treating physicians report from July 19, 2013. He was walking much better. There was no more numbness noted on the legs status post surgery. The patient still had not received a bone growth stimulator which was needed to help with the fusion of L5 and S1. The incision was clean. The patient was status post posterior laminectomy with interbody fusion at L5 and S1 with evacuation of a hematoma and drainage of the incision site. He will remain off work for about three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Therefore, the request for Oxycontin 20 mg is not medically necessary and appropriate.