

<b>Case Number:</b>	CM13-0058688		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/05/1995
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 56-year-old male who reported injury on 09/05/1995. The mechanism of injury was noted to be the patient was picking up a steel bar. The patient was noted to be taking OxyContin 40 mg in 11/2012. The clinical documentation of 10/23/2013 revealed the patient indicated the current pain regimen provided reasonably good relief and the medication was helping to improve the patient's functional ability and there were no side effects. The patient's diagnoses were noted to include lumbosacral spondylosis without myelopathy, lower leg pain in the joint, derangement of the posterior horn of the medial meniscus, displacement of lumbar intervertebral disc without myelopathy and primary localized osteoarthritis of the lower leg. The treatment plan was OxyContin 40 mg extended release 1 every 8 hours for 30 days, dispense 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that opiates are recommended for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score and evidence the patient is being monitored for aberrant drug behavior and side effects. In this case, the patient had been taking the medication for greater than one year. Clinical documentation submitted for review indicated the patient was receiving reasonably good relief and the medication was helping the patient improve functional ability and the patient indicated they had no side effects. However, there was lack of documentation of objective improvement in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior. The request for OxyContin 40 mg #90 is not medically necessary and appropriate.