

<b>Case Number:</b>	CM13-0068843		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 57-year-old injured worker who reported an injury on 04/03/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with a sprain/strain of the lumbar region, lumbago, degenerative lumbar or lumbosacral disc and spinal stenosis in the lumbar region. The patient was seen by [REDACTED] on 12/05/2013. The patient reported 3/10 pain. Physical examination revealed tenderness to palpation of the paraspinal muscles, decreased range of motion, weakness, positive straight leg raise and an antalgic gait. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #90:** 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 California MTUS Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. 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 has continued to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, limited range of motion, weakness, a positive straight leg raise and an antalgic gait. A satisfactory response to treatment has not been indicated. The request for Oxycontin 30mg #90 is not medically necessary and appropriate.