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| <b>Case Number:</b>   | CM14-0002759 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 10/06/1998 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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 43-year-old female was reportedly injured on October 6, 1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 6, 2013, indicated that there were ongoing complaints of neck, upper back, and lower back pains. Current medications included nifedipine, nortriptyline, Plaquenil, Methotrexate, Ritalin, Wellbutrin, oxycodone, and OxyContin. The physical examination demonstrated tenderness and tightness over the bilateral trapezius muscles and levator scapulae with decreased range of motion in extension. Examination of the lumbar spine noted tenderness across the lumbar area with decreased range of motion in extension as well. There was a negative straight leg raise test. Diagnostic imaging studies objectified a 4 mm disc protrusion at L5-S1 displacing the left S1 nerve root as well as diffuse facet osteoarthritis. Continued treatment with ice, heat, rest, as well as stretching and exercise was recommended. Previous medications were continued. Previous treatment has included injections, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN THIRTY(30) MILLIGRAMS(MG) THREE TIMES A DAY. QUANTITY: NINETY(90.00): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

**Decision rationale:** According to the attached medical record, the injured employee has been taking oxycodone and OxyContin for an extended period of time. This current request of these two medications totals a morphine equivalent dosage of 270 mg per day. This far exceeds the recommended 120 mg per day dosing. This raises concerns for not only the decreasing efficacy of this medication but tolerance and addiction as well. For these reasons, this request for Oxycontin is not medically necessary.

**OXYCODONE IR FIFTEEN(15) MILLIGRAMS(MG) EVERY FOUR(4) HOURS AS NEEDED NOT TO EXCEED(NTE) SIX(6) PER DAY. QUANTITY: ONE HUNDRED EIGHTY(180.00):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

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