

<b>Case Number:</b>	CM14-0005824		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 46-year-old female who sustained an injury on November 8, 1999. The claimant is documented as presenting for examination on February 3, 2014 with continued complaints of low back and bilateral lower extremity pain. The claimant has previously been diagnosed with failed back surgery syndrome. On March 11, 2014 visit, the claimant presents with similar complaints. The claimant is documented as having undergone epidural steroid injections and trigger point injections which provided 50% pain relief. The review in question was performed on December 26, 2013. The reviewer indicates that there is no documentation that urine drug screens were being performed. The requested medications included Duragesic 100 g/HR #15 and OxyContin 80 mg XR 12H one tablet Q8 hours #90. The reviewer also notes a PRN Oxycodone dose of 15 mg 3 times daily. The total MED of these medications as prescribed is 667.5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 110MG/HE #15:** Upheld

**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 Opiates Page(s): 74-96.

**Decision rationale:** The reviewer is documented as recommending weaning of this medication. The MED of this medication is 240. If all opiates were taken as prescribed the MED would be 667.5. While it is noted that this individual is currently utilizing two long acting opioid medications, the claimant is also utilizing a short acting dose of Oxycodone PRN. The MTUS recommends weaning of the short-acting medication first. As such, the requested Oxycodone would need to be weaned off of prior to proceeding to weaning off of OxyContin and Duragesic. With this information, the request is not medically necessary.

**OXYCONTIN 80MG XR 12H TAB #90:** Upheld

**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 Opiates Page(s): 74-96.

**Decision rationale:** The reviewer is documented as recommending weaning of this medication. The MED of this medication is 360. If all opiates were taken as prescribed the MED would be 667.5. While it is noted that this individual is currently utilizing two long acting opioid medications, claimant is also utilizing a short acting dose of Oxycodone PRN. The MTUS recommends weaning of the short-acting medication first. As such, the requested Oxycodone would need to be weaned off of prior to proceeding to weaning off of OxyContin and Duragesic. With this, the request is not medically necessary.

**OXYCODONE HCL 15 MG TABS:** Upheld

**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 Opiates Page(s): 74-96.

**Decision rationale:** This request was for 90 Oxycodone 15 mg tablets. The MED of this medication alone is 67.5. If all opiates were taken as prescribed the MED would be 667.5. The MTUS recommends scrutiny if this value is above 120 for individuals that have chronic non-malignant pain. The reviewer recommended weaning of this medication. The MTUS supports the use of opiates in the management of neuropathic pain. However, given the significant amount of medication that this individual is utilizing, including 2 long-acting baseline medications, and one short acting breakthrough medication, it is reasonable to consider the request for Oxycodone HCL 15 mg tabs are not medically necessary and appropriate.