

<b>Case Number:</b>	CM14-0115841		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 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 140 pages provided for review. The application for independent medical review was signed on what appeared to be July 3, 2014. The handwriting was not completely legible. It was for one prescription of OxyContin 80 mg number 90 modified to one prescription of OxyContin 80 mg number 15. Per the records provided, the claimant is a 57-year-old female injured back in the year 2002 now 12 years ago. The patient was being treated for chronic low back pain. There was persistent low back and right leg pain rated as 6.5 on a visual analog scale. Muscle spasms were reported to have worsened. Current medicine included Duragesic, OxyContin, Macrobid and Lexapro. There were myofascial spasms over the mid back, lower back and the quadratus lumborum bilaterally with tenderness to palpation bilaterally in the lumbar spine, sacroiliac joints and piriformis muscle. There was a positive Lasegue test bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Opioids Criteria for Use.

**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. The request for long-term opiate usage is not medically necessary.