

<b>Case Number:</b>	CM14-0127401		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 & 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 76 year-old male was reportedly injured on 1/21/2004. The mechanism of injury is noted as a low back injury while picking up pieces of pipe. The most recent progress note dated 7/9/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated decreased lumbar spine range motion with pain in extension, positive facet challenge to the lumbar spine bilaterally, tenderness over L3-L4, L4-L5 facets; motor strength: 5 -/5 quadriceps, 4/5 right tibialis anterior, 4+/5 right EHL 5 -/5 left EHL, straight leg produces pain, and injured worker is also wheel chair bound. No recent diagnostic imaging studies available for review. Diagnosis: facet-mediated lumbar pain, chronic low back pain/facet Osteoarthritis (OA) and diabetes mellitus. Previous treatment includes: lumbar rhizotomy, and medications to include: OxyContin, Norco, Docuprene and Lidopro topical ointment. A request had been made for OxyContin 10 mg #60 and was not medically necessary in the utilization review on 7/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin Long Term Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78,92,97.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain since an injury in 2004 and rated his pain as 710 at the last visit. He had not undergone any acupuncture, chiropractic or physiotherapy; stating he only wished to have medication treatment. There is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective and objective clinical data, this request is not considered medically necessary.