

<b>Case Number:</b>	CM14-0138342		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 33-year-old male who reported an injury on 03/27/2002. The mechanism of injury was not provided for clinical review. The diagnoses included post-laminectomy syndrome of the lumbar region, sacroiliitis, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, fasciitis. The medication regimen included Norco, lidocaine, Oxycontin, Soma. Past treatments included medication, trigger point injections. In the clinical note dated 07/02/2014, it was reported the injured worker complained of pain rated 5/10 in severity. The injured worker reported having trigger point injections which have provided significant relief greater than 50%. The injured worker reported his pain is less responsiveness to pain medication, has increasing lumbar tightness, spasming. Upon the physical examination, the provider noted the injured worker had lumbar spasming and trigger point palpated. The provider requested Oxycontin for pain. The Request for Authorization was submitted and dated 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg Qty. 150 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Oxycontin 40mg Qty. 150 with 3 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the clinical documentation submitted indicated the injured worker reported having less responsiveness to pain with the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.