

<b>Case Number:</b>	CM14-0158686		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 56 year old male who was injured on 2/17/2000. The diagnoses are low back pain, post laminectomy back syndrome, myofascial pain, carpal tunnel syndrome and tennis elbow. On 8/18/2014, [REDACTED] noted subjective complaints of 5/10 pain on a scale of 0 to 10. There are associated numbness and tingling sensations. There were objective findings of antalgic gait, muscle spasm and tenderness of the lumbar paraspinal muscles. A spinal cord stimulator was implanted in 2012. The medications are Gabapentin, Oxycontin and Oxymorphone for pain and Soma for muscle spasm. The UDS dated on 3/5/2014 was reported as consistent. A Utilization Review determination was rendered on 8/27/2014 recommending modified certification for Oxycontin 20mg #60 to taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to NSAIDs and PT. Opioids can also be utilized for maintenance treatment when non opioid medications, co-analgesics, PT and surgical options are ineffective or have been exhausted. The records indicate that the patient have completed surgeries and spinal cord stimulation treatment. The UDS was reported as consistent. There were no aberrant drug behaviors or adverse medication effects reported. The request for the use of Oxycontin 20mg #60 is medically necessary.