

<b>Case Number:</b>	CM14-0165583		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Orthopedic Spine Surgeon 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 54 year old male who reported an injury on 04/01/2004 due to pushing with his legs while lying down. His diagnoses included lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculopathy, and status post hardware removal L2-L3 with L1-L3 laminectomy/discectomy. Past treatment included medication and surgery. On 09/18/2014, the injured worker complained of bilateral low back pain, bilateral lower extremity pain, rated 6/10 with medication and 10/10 without medication. The physical examination revealed restricted lumbar range of motion and a positive straight leg raise on the left. Motor strength and sensation were within normal values. It was also noted the injured worker showed no signs of aberrant drug behavior or self-escalating medications. His medications included Lyrica 75mg twice a day, Oxycontin 40mg every 8 hours, Bacoflen 10mg every 8 hours, Lidoderm patch 5% twice a day, Lunesta 3mg at bedtime, Pamelor 25mg twice a day, Percocet 5/325 every 4 hours, Zanaflex 4mg at bedtime, and Cymbalta 30mg twice a day. The treatment plan included continuation on medication regimen, follow up with primary provider and refill medications to help alleviate pain. A request was received for Oxycontin 40mg 1 tablet by mouth every 8 hours #90. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg 1 tablet PO q 8 hours #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78, 88, 89.

**Decision rationale:** The request for Oxycontin 40mg 1 tablet by mouth every 8 hours #90 is not medically necessary. According to the California MTUS Guidelines, ongoing review and documentation of the patient's 4 A's of opioid use include analgesia, adverse side effects, activities of daily living, and aberrant drug-taking behaviors. The injured worker was noted to have been taking Oxycontin since at least 05/01/2014 with documented pain relief with medication. The injured worker was also noted to not have aberrant drug behavior. However, the documentation does not provide sufficient evidence of improvement of functional status, any side effects experienced, and a urine drug screen. Based on lack of documentation in reference to adverse side effects, an improvement in activities of daily living, and a current drug screen as stated by the guidelines, the request is not supported.