

<b>Case Number:</b>	CM14-0175959		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Physical Medicine & Rehabilitation 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 32-year-old male who reported an injury on 04/21/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of peroneal neuropathy and knee pain. Past medical treatment consisted of medication therapy. Medications consisted of OxyContin, Neurontin, and Celebrex. A urine drug test collected on 09/09/2014 showed that the injured worker was compliant with his prescription medications. On 08/12/2014, the injured worker complained of left leg pain. On physical findings, it was noted that the left knee was limited to range of motion with flexion at 95 degrees. There was no documented sensory deficits or motor strength. The treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were 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 20mg #60:** Upheld

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

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

**Decision rationale:** The request for OxyContin 20mg #60 is not medically necessary. The California MTUS Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include pain levels before, during, and after medication administration. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the OxyContin was helping with any functional deficits the injured worker might have had. There was also no assessment showing what pain levels were before, during, and after medication administration. A urine drug screen submitted 09/09/2014 showed that the injured worker was compliant with medications. However, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.