

<b>Case Number:</b>	CM14-0022487		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	02/01/1990
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male with a date of injury of 02/01/90. Mechanism of injury was not described. The claimant was status post final spinal fusion with Herrington rods from T9 to L3 with a T12 laminectomy and anterior spinal cord decompression at T12 secondary to T12 burst fracture in 08/85. Herrington rods were removed in 04/86. The claimant was identified as having failed back surgery syndrome. Current medications included oxycontin 30mg, Flexeril 10mg, Nortriptyline 25mg, Topamax 25mg, Colace 100mg, and Senna S. He was employed part time for the [REDACTED] with restrictions. On physical examination dated 02/20/14 there as tenderness to palpation in the lumbar paraspinal muscles overlying bilateral L3 through S1 facet joints. Lumbar extension was more painful than flexion. Lumbar range of motion was restricted by pain in all planes. Lumbar facet joint provocative maneuvers were positive. Reflexes were symmetric bilaterally. Motor strength was graded as 5/5. The claimant was status post facet radiofrequency ablation with prior medial branch blocks. There was a discussion regarding Oxycontin 30mg TITTID. This provided 60% of improvement of his pain with maintenance of his activities of daily living such as self-care and dressing. He had an up to date pain contract and his previous urine drug screens were consistent with no aberrant behaviors. There were no signs of misuse or abuse. Utilization review determination dated 02/07/14 non-certified the request for Oxycontin 30mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 30 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Oxycontin 30mg #90 is medically necessary. The submitted clinical records indicate that the claimant has undergone an extensive spinal surgery secondary to burst fracture. The injured worker has been identified as having failed back surgery syndrome and has been maintained on this medication for five years. The letter of appeal indicates no evidence of aberrant behavior, an updated pain management contract, and appropriate urine drug screens. The claimant gets 60 or the injured worker gets 60% improvement while on this medication. As such this request meets all criteria per Chronic Pain Medical Treatment Guidelines for continued use of this medication. Therefore the request is medically necessary.

**FLEXERIL 10 MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Flexeril 10 mg #30 is medically necessary. The submitted clinical records indicate that the claimant has undergone an extensive spinal surgery secondary to burst fracture. The injured worker has been identified as having failed back surgery syndrome and has been maintained on this medication for five years. The letter of appeal indicates no evidence of aberrant behavior, an updated pain management contract, and appropriate urine drug screens. The nature and type of surgery results in chronic muscular spasm and as such the continued use of this medication is clinically indicated. Therefore the request is medically necessary.