

<b>Case Number:</b>	CM14-0027425		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Neurological Surgery 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 49-year-old male who was reportedly injured on August 31, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 17, 2014, indicated there were ongoing complaints of low back pain and neck pain. No change was noted from previous exam. Pain level was 7-8/10 without medications and 5/10 with medications. The injured employee still has watery diarrhea. The physical examination demonstrated thoracic spine paraspinal tenderness and muscle spasms. Lumbar spine was noted to have moderate spasms. Range of motion noted flexion 60o, extension 0-5o, lateral bends bilaterally 40o and rotational bilaterally 40o. Patella reflexes were absent on the right 1+ on the left, with Achilles, 1+ on the right and absent on the left. Strength was noted to be 4/5 with plantar flexion on the right. Sensation was not tested. Cervical spine physical examination reported spasms. Previous treatment included oral medications (Norco, OxyContin, trazodone, Xanax, Celebrex, valium), physical therapy and urine drug screens. A request had been made for OxyContin 30 mg CR #90 and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 30MG CR TABLET #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78.

**Decision rationale:** The use of OxyContin is appropriate for the management of chronic pain around the clock. Management should include the lowest possible dose. There should be documentation of pain relief, functional status and any side effects. The patient suffers from chronic pain; however, his urine drug screens have been negative or inconsistent for use of this medication. Also, the lowest dose documented is 30 mg. OxyContin is recommended as a second line therapy for long acting opioids. Based on the documentation provided, the request is not medically necessary.