

<b>Case Number:</b>	CM14-0028708		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/30/1989
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 53 year old male who reported an injury on 11/30/1989 of unknown mechanism of injury. The injured worker had a history of chronic lower back pain with occasional numbness and burning to the right knee with a diagnosis of failed back surgery syndrome, laminectomy, fusion and lumbar radiculopathy. The physical examination reveals mild tenderness over the lumbar paraspinal, limited range of motion of flexion and extension of the lumbar spine with no degrees given. The strength to the lower extremities 5-/5 throughout, deep tendon reflexes to the lower extremities are equal and symmetric. The injured worker had multiple lumbar surgeries. The medications include OxyContin 80mg 2-3 tablets three times a day. The injured worker reports his pain level 2-3/10 with pain medication and 9/10 with =out mediation using the VAS scale. The treatment plan includes continuing the OxyContin 80 mg 2-3 times a day. The authorization form dated 06/20/2014 was submitted in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, criteria for use.

**Decision rationale:** The request for Oxycontin 80 mg #240 is non-certified. The California MTUS guidelines indicate the evaluation and documentation of the injured worker's appropriate medication use. The California MTUS guidelines indicate including measurement of function, appropriate medication use, side effects, measures of pain assessment that allow for evaluation of efficacy and whether their use should be maintained include the following current pain and the last reported pain level since the last assessment, average pain, intensity of pain after taking opioids, how long it take for pain relief and how long the pain relief lasts The California MTUS guidelines also recommend that the dose not exceed the 120 mg oral morphine equivalents per day . The Official Disability Guidelines do not recommend long term opioid therapy and recommend a one month limit on opioids for new chronic non-malignant injured workers, in most cases as there is little research to support their use. The research available does not support the overall general effectiveness and indicates numerous adverse effects with long term use. The documentation provided indicates that the injured worker exceeds the recommended 120mg oral morphine per day. The chart notes indicate that the injured worker takes Oxycontin 80mg up 8 times a day. The chart notes also indicate that the injured worker had been on the Oxycontin 80mg 2-3 tablets threes a day longer than 4 months exceeding the recommended time. The request did not indicate duration or frequency as such the request for OxyContin 80mg #240 is non-certified.