

<b>Case Number:</b>	CM14-0030644		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and is licensed to practice in Nevada. 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 62-year-old male who was reportedly injured on January 14, 2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the left worse than right buttocks. Current medications include MS Contin, Lyrica, Androgel, Coumadin, Fluoxetine, Tamsulosin, Crestor, aspirin, Vitamin D, Fenofibrate, Senna, Bisacodyl, Lisinopril, Amlodipine, Carvedilol, Fluticasone, Tekturna, Bystolic, and Mycardis. Prior urine drug screen results were stated to be consistent. Prior medications include Dilaudid, Suboxone, Norco and Percocet. The physical examination demonstrated decreased lumbar range of motion in all directions. Heel and toe walking showed decreased balance, and Waddell signs were negative bilaterally. A fluoroscopically guided diagnostic left sacroiliac joint injection was recommended and a prescription was written for OxyContin 15 mg one tablet three times daily. A request had been made for OxyContin and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 15 mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** According to the most recent progress note dated February 24, 2014, OxyContin was prescribed three times per day to treat the injured employee's right buttocks pain. However, the injured employee is already prescribed MS Contin as well as Lyrica for neuropathic symptoms. It is not stated that these other medications have been ineffective to control the injured employee's pain or radicular complaints. Without particular justification for adding an additional opioid medication to the injured employee's extensive existing medication regimen, the request is not medically necessary.