

<b>Case Number:</b>	CM14-0032422		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/17/1989
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 67 year old male who is reported to have sustained work related injuries while picking up on a box on 05/17/89. The clinical records indicate that the injured worker underwent an L5-S1 discectomy on 07/27/90 followed by an L5-S1 fusion performed on 04/26/91. Records indicate that the injured worker underwent a hardware removal in 11/92. Additional treatment has included injections, a spinal cord stimulator trial, and therapeutic measures. The records indicate that the injured worker has been prescribed Norco 10/325mg for which he takes 4-6 pills per day as well as Oxycontin 30mg four pills per day. The injured worker has been identified as having a failed back surgery syndrome and has been maintained on oral medications since. The records indicate that on 02/29/14 the injured worker's prescription for Oxycontin was changed from 30mg four times a day to 60mg two times a day. When seen in follow up on 03/31/14, he reports that the Oxycontin 60mg is not working. The prescription was subsequently changed to Oxycontin 40mg three times per day. The record includes a utilization review determination dated 02/07/14 in which requests for Norco 10/325mg #240 with 2 refills and Oxycontin 60mg #60 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 with 2 refills.:** Overturned

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

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

**Decision rationale:** Per the submitted clinical records, the injured worker has failed back surgery syndrome for which he has chronically elevated pain levels. The record indicates that the injured worker has functional improvements as a result of this medication. He has chronically been maintained on this medication and tapering should be considered. The record indicates that the injured worker has a signed pain management contract and undergoes urine drug screening for compliance testing. For these reasons, the request is medically necessary.

**Oxycontin 60mg #60:** Upheld

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

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

**Decision rationale:** The submitted clinical records indicate that the injured worker has a failed back surgery syndrome. The records do not provide substantive data establishing that the continued use of Oxycontin results in benefit. Per a clinical note dated 03/31/14, the injured worker reports that Oxycontin 60mg two times a day was not providing adequate pain relief. It would be noted that the overall concentration, 120mg per day is the same as 30mg four times a day with a subsequent change to Oxycontin 40mg three times per day. The record further notes that attempts have been made to wean the injured worker from this medication without success. Noting that there is no change in the overall concentration and the injured worker reports no benefit, the medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.