

<b>Case Number:</b>	CM14-0035541		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long and short-acting opioids; anxiolytic medications; earlier spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated March 8, 2014, the claims administrator partially certified a request for OxyContin, apparently for weaning purposes, and approved a request for polyethylene glycol, a laxative. The applicant's attorney subsequently appealed. A June 3, 2014 progress note is notable for comments that the applicant reported an average pain level of 6/10 and a current pain complaint of 9/10. The applicant was having issues with chronic constipation. The applicant was using a back brace, Oxycontin, and Norco. The applicant was described as disabled and unemployed. The applicant was also using Xanax and Prilosec, it was noted. The applicant was given diagnosis of chronic low back pain status post earlier failed spine surgery and anxiety. The applicant's low back pain was described as the same on multiple occasions. Oxycontin, Flexeril, Norco, Xanax, Prilosec, and Viagra were all endorsed. It was stated that the applicant could consider a spinal cord stimulator at a later point. On April 18, 2014, the applicant was again described as reporting persistent complaints of pain. The attending provider reported that the applicant was having more flares of pain recently, typically with activity. The applicant stated that he had to pay for his own medications owing to the fact that the claims administrator had failed to authorize the same. The applicant's pain levels again were described as ranging as from 6-9/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is, in fact, off of work. The applicant has been described as disabled and unemployed on numerous occasions throughout the record. The applicant is described as having heightened pain complaints, despite ongoing consumption of Oxycontin. There is no evidence or mention of any specific activities of daily living being ameliorated as a result of ongoing Oxycontin usage. Therefore, the request is not medically necessary.