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| <b>Case Number:</b>   | CM14-0035794 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 07/16/1995 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <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 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 63 year old female who sustained injuries to her low back on 07/16/95. The mechanism of injury was not specified. The injured worker ultimately underwent an L5-S1 laminectomy and discectomy with no substantive improvement. The records reflect that the injured worker subsequently developed chronic pain syndrome and has been identified as having failed back surgery syndrome. The records indicate that the injured worker receives tremendous benefit from her oral medications with reports of pain levels of 9 VAS decreased to 5/10 with medications. The record contains a urine drug screen dated 09/17/13 which was negative for Norco and positive for Oxycontin. A review of the clinical records indicates that the injured worker had active prescriptions for Oxycontin at this time. Review of the historical information indicates that this has been a difficult to manage injured worker and that she is currently stable on this medication profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 73-80.

**Decision rationale:** The request for Oxycontin 80mg, #60 is medically necessary. A review of the submitted clinical records indicates that the injured worker receives significant benefit with a nearly 50% pain reduction while on this medication. The record further suggests that there are functional improvements on this current medication profile. It is noted that the injured worker is currently stable on this profile. As such, medical necessity has been established for this request.

**Oxycontin 40mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 73-80.

**Decision rationale:** The request for Oxycontin 40mg, #60 is medically necessary. A review of the submitted clinical records indicates that the injured worker receives significant benefit with a nearly 50% pain reduction while on this medication. The record further suggests that there are functional improvements on this current medication profile. It is noted that the injured worker is currently stable on this profile. As such, medical necessity has been established based on the Chronic Pain Medical Treatment Guidelines.