

<b>Case Number:</b>	CM14-0045428		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/25/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 February 25, 1999. Thus far, the applicant has been treated with analgesic medications, lumbar fusion surgery and subsequent revision, spinal cord stimulator implantation, opioid therapy, adjuvant medications and sleep aids. In a Utilization Review Report dated February 26, 2014, the claims administrator partially certified a request for Oxycontin, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a March 12, 2001 medical-legal evaluation, the applicant was given permanent restrictions which apparently resulted in his removal from the workplace. The applicant reported ongoing complaints of 8/10 low back pain on an office visit of January 10, 2013. The applicant was described as 100% disabled on that occasion. The applicant was using Oxycontin at that point in time. On February 21, 2013, the applicant was asked to consider a spinal cord stimulator revision on the grounds that the previous implantation had proven unsuccessful. On June 5, 2014, the applicant presented with persistent complaints of low back pain radiating to the bilateral lower extremities, 9/10. The applicant's pain was reportedly constant. The applicant stated that the spinal cord stimulator and/or medications were helping his pain to some extent. The applicant was having issues with constipation and heartburn for which he was using Senna and Pepcid and he continues to smoke a pack a day. The applicant's medication list included Coreg, Flexeril, Motrin, Zestril, Lunesta, metformin, Neurontin, Norco, Oxycontin, Senna and Wellbutrin. The applicant was obese with a BMI of 35 and was using a cane to move about. A variety of medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg CR #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 115.

**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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed 100% disabled on several occasions referenced above. The applicant continues to report pain as high as 8-9/10, despite ongoing medication usage, including ongoing Oxycontin usage. No clear, concrete, and/or tangible improvements in function have been outlined as a result of ongoing usage of Oxycontin. Therefore, the request is not medically necessary.