

<b>Case Number:</b>	CM14-0050585		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/08/2002
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<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 Family Practice 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:

This case involves a 55-year-old female claimant, who sustained a work injury on 11/8/02, involving the left knee and low back. She has a diagnosis of pars defect of the lumbar spine with radiculitis. Since 2006, she has used medications for pain relief including: Vicodin, Flexeril and Feldene. Since 2013, she has been on Oxycontin 80 mg three (3) times a day for pain. An exam note on 2/18/18 indicated that her pain reduces from 10/10 to 6/10 with Oxycontin. The claimant has severe pain in the left knee and is requesting surgery for bursal removal. She has difficulty with sitting, standing and walking. She uses a back brace, hot/cold wraps and a transcutaneous electrical nerve stimulation (TENS) unit. The treating physician continued her Oxycontin 80 mg # 240 and referred her to a pain specialist due to the chronic use of narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Oxycontin 80mg #240.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86-88.

**Decision rationale:** The Chronic Pain Guidelines indicate that for the long-term use of opioids (6 months or more), there should be documentation of pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The guidelines recommend dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one (1) opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The Morphine Equivalent Dose (MED) factor for Oxycontin (oxycodone) is 1.5. In this case, the claimant had been on prolonged long acting opioids in a dose exceeding the 120 mg morphine equivalent per day (360 mg equivalent). Based on the risk of addiction, lack of pain specialist involvement, and exceeding the recommended dosing guidelines, the Oxycontin prescribed above is not medically necessary.