

<b>Case Number:</b>	CM14-0054214		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old male was reportedly injured on June 21, 2009. The mechanism of injury is noted as moving a refrigerator. The most recent progress note, dated February 10, 2014, indicates that there are ongoing complaints of low back pain and right leg pain with numbness at the right posterior thigh. Current medications include Bactrim, Oxycodone, and Levaquin. The physical examination demonstrated an antalgic gait with the assistance of a cane. There was tenderness of the right sacroiliac joint. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes epidural steroid injections, physical therapy, chiropractic care, acupuncture, and pain management. A request had been made for Oxycontin and was not certified in the pre-authorization process on April 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg q 8 hrs #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** The California MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for Oxycontin is not medically necessary.