

<b>Case Number:</b>	CM14-0054338		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	03/31/2014
<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, has a subspecialty in Pain 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 injured worker is a 50-year-old male who reported an injury on 08/31/2001. The medical records were reviewed. The mechanism of injury was not stated. The current diagnoses include degeneration of cervical intervertebral disc, cervicgia, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. The injured worker was evaluated on 06/12/2014 with complaints of persistent neck and lower back pain rated 7/10. Previous conservative treatment is noted to include medications and injections. The current medication regimen includes Ativan, Norco, and OxyContin. Physical examination revealed limited cervical range of motion, positive paraspinal muscle spasm in the thoracic spine, limited lumbar range of motion, positive straight leg raising on the right, diminished lower extremity deep tendon reflexes, diminished motor strength in the right lower extremity, moderate lumbar spasm, and intact sensation. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30 mg ER #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2013. Despite the ongoing use of this medication, the injured worker continues to present with persistent neck and lower back pain. Physical examination continues to reveal tenderness to palpation, limited range of motion, and positive muscle spasm. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.