

<b>Case Number:</b>	CM14-0062353		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/30/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Orthopedic Surgery 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 40 year-old male who was reportedly injured on 11/30/2005. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 4/23/2014. Indicates that there are ongoing complaints of neck pain that radiates and bilateral upper extremities, low back pain that radiates the bilateral lower extremities. The physical examination demonstrated: T3 level spastic para paresis. Wheelchair-bound, cannot walk. Uses diapers at night. Left lower extremity paresthesia, hypoalgesia, allodynia, and atrophy. Positive pseudo-motor changes. Upper extremity: muscle strength 5-/5. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for OxyContin ER 60 mg #90 and was not certified in the pre-authorization process on 4/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin ER 60mg qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Agency Medical Director's Group Guidelines from Washington state 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

**Decision rationale:** California Medical Treatment Utilization Schedule 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 claimant suffers from 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 is not considered medically necessary.