

<b>Case Number:</b>	CM14-0075581		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 patient is a 54-year-old male who sustained an injury on 09/06/1996 while he was lifting. Prior medication history included Nortriptyline 75 mg, Senna 8.6 mg, Dilaudid 8 mg, Oxycontin 80 mg, Zanaflex 4 mg and methadone 10 mg. Urine drug test dated 03/14/2014 revealed positive and consistent results for Oxycodone; Hydromorphone inconsistent; Methadone negative and Oxycodone positive. Progress report dated 03/14/2014 documented the patient to have complaints of low back pain. He described his pain as achy and sharp in nature. The pain is rated as 7/10. With his medications, his sitting tolerance is improved by 60%; standing tolerance is improved by 60% and walking tolerance by 60%. Objective findings on exam revealed spasm in the lumbar paravertebral region. There is tenderness to palpation noted in the bilateral lumbar paravertebral regions at the L3-L4 and L4-L5 and L5-S1 levels. Extension of the lumbar spine is positive for back pain. Right lateral rotation of the lumbar spine is positive for back pain. Left lateral rotation of the lumbar spine is positive for back pain. Range of motion of the lumbar spine is restricted. Straight leg raise is positive on the left at 60 degrees. He is diagnosed with facet joint syndrome; chronic pain syndrome and postlaminectomy syndrome. The patient has been recommended Oxycontin 80 mg #150. Prior utilization review dated 04/29/2014 states the request for Pharmacy purchase of Oxycontin 80mg number one hundred and fifty (150) is modified to certify Oxycontin 80 mg #100 to initiate a weaning process or to allow the provider time to document derived functional benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-96; 124.

**Decision rationale:** According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic low back pain or neuropathic pain is not clearly established. Guidelines "recommend that dosing not exceed 120 mg oral Morphine equivalents per day..." With regard to opioid weaning, "a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached." In this case a request is made for Oxycontin 80mg #150 for a 54-year-old male injured on 9/6/96 with chronic low back pain and opioid dependence. Records document pain reduction and improving tolerance for sitting, standing and walking from use of opioids. However, records do not demonstrate clinically significant functional improvement including reduction in dependency on medical care over time. Further, the patient is prescribed Dilaudid, Methadone, and Oxycontin with a combined Morphine equivalent dose (MED) of 780, which exceeds the maximum recommended of 120. Also, Oxycontin 80 mg #150 amounts to a 5-month supply of Oxycontin as prescribed, which is not necessary. Finally the provider states that the patient needs to be weaned off opioids. Medical necessity is not established for Oxycontin 80 mg #150.