

<b>Case Number:</b>	CM14-0076430		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/16/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 & 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 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 41 year-old individual was reportedly injured on 6/16/2009. The mechanism of injury is not listed. The most recent progress note, dated 5/7/2014, Indicates that there are ongoing complaints of neck pain, low back pain, and right knee pain. The physical examination demonstrated cervical spine: positive tenderness of the cervical spine with limited range of motion and muscle spasm noted. Tenderness and spasm noted in the lumbar/sacral spine with limited range of motion, difficulty getting about the chair, sitting down, standing from length of time. Continuous pain in the right knee, no swelling noted at this time. No effusion. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for OxyContin 80 mg #90 and was not certified in the pre-authorization process on 5/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 75, 78, 92, & 97 of 127..

**Decision rationale:** 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 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 medically necessary.