

<b>Case Number:</b>	CM14-0086597		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/17/1997
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 46 year old male with date of injury 5/17/1997. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and right lower extremity pain since the date of injury. He has been treated with physical therapy, medications and surgery, the details of which are not provided. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the right lower lumbar facet joints, tenderness to palpation of the right SI joint, right ankle tenderness to palpation and right ankle decreased range of motion; motor weakness of the right lower extremity. Diagnoses: back pain, chronic; unspecified arthropathy of the foot and ankle; cauda equina syndrome. Treatment plan and request: Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.