

<b>Case Number:</b>	CM14-0087589		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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 records presented for review indicate that this 56 year old gentleman was reportedly injured on February 12, 2008. The mechanism of injury is noted as a fall of 3 feet off a cabinet. The most recent progress note, dated June 12, 2014, indicates that there are ongoing complaints of chronic pain. It was stated that medications are able to help the injured employee's sleep. No physical examination was performed on this date. Diagnostic imaging studies of the cervical spine showed disk bulging at C4 to C5. Previous treatment includes a laminectomy at L4 to L5 and L5 to S1 followed by a subsequent two level fusion. Previous treatment also included cervical spine and lumbar spine epidural steroid injections. There was also a history of chemical abuse/dependence which was treated in 2001. A request was made for OxyContin and was non-certified in the pre-authorization process on June 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg, #90:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (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. According to the progress note dated June 12, 2014, the injured employee has chronic pain but there is only documentation that medications help the injured employee's sleep and no mention of objective pain relief or increased ability to function. As such, this request for OxyContin is not medically necessary.