

<b>Case Number:</b>	CM14-0098363		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/10/1991
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 70 year old male injured on 06/10/91 due to undisclosed mechanism of injury. Current diagnoses included lumbago, lumbosacral spondylosis without myelopathy and pain in joint of pelvis and thigh. Clinical note dated 05/22/14 indicated the injured worker presented complaining of low back pain with decreased function due to decrease in medication amounts. The injured worker reported pain levels without medication rate 8-9/10 versus 3/10 with medication. The injured worker reported medications assist with activities of daily living allowed him to sit and require recliner four to six hours and watch TV and complete crossword puzzles. The injured worker walked seven feet, stood 10 minutes, lifted 20 pounds, and was able to babysit grandchildren. The injured worker reported nausea from opioids controlled with Compazine. The injured worker continued to report constipation from opioids and treated with MiraLax. Physical examination revealed transfer with assistance of cane, ambulation with stiff antalgic gait, limited range of motion of lower extremities, strength 4/5 equal sensation to light touch in lower extremities, 40 degrees flexion/0 degrees extension of back, and tenderness to palpation along spinous processes of lumbar spine. Current medications included oxycontin 40mg two every morning/one at noon/two tablets every night, MiraLax twice a day, and Compazine 10mg twice a day. Initial request for oxycontin 40mg, #122 was non-certified on 06/28/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg, #122:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There were no recent opioid risk assessments regarding possible dependence or diversion that were available for review. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day; the injured worker's current morphine equivalent dosage is 300mg/day. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycontin 40mg, #122 cannot be established at this time.