

<b>Case Number:</b>	CM14-0161649		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 60 year old male with date of injury 06/21/09. The treating physician report dated 09/08/14 indicates that the patient presents with pain affecting his lower back as well as poor sleep due to pain and depression (81). The physical examination findings reveal that the patient walks with a cane, uses a back brace, and has tenderness to palpation on the lower back. Prior treatment history includes home exercise program, right SI joint injection, H-Wave unit, back brace, and medications. CT scan findings reveal mild right foraminal stenosis as well as minimal central canal and left neural foraminal stenosis at L4-5 due to a combination of a 4mm central/right paracentral disc protrusion as well as moderate facet hypertrophic changes and a 4-4.5 mm central/right paracentral disc protrusion at L5-S1 resulting in minimal-mild central canal stenosis as well as mild right and minimal left neural foraminal stenosis. EMG studies came back normal. The current diagnoses are: 1. Degenerative Lumbar Disc. 2. Lumbago. 3. Sacroiliitis. The utilization review report dated 09/17/15, denied the request for Oxycontin 20mg Body part: lumbar based on peer to peer conversation for the patient to discontinue Oxycontin (7).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg Body part: lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-91.

**Decision rationale:** The patient presents with pain affecting his lower back as well as poor sleep due to pain and depression. The current request is for Oxycontin 20mg Body part: lumbar. The treating physician states, "Medications are working fair still. He wants to keep the Rx at where it is for this month, as we cut significant amount on the last visit." (79) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient is having some relief from medication and that the patient was not having any side effects to this medication, but did not state if the patient was having any functional improvement, or aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. The current request does not specify the quantity, frequency or duration of the prescription, thus rendering this request as an invalid prescription. Recommendation is for denial and slow weaning per the MTUS guidelines.