

<b>Case Number:</b>	CM14-0198146		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old male, who sustained an industrial injury on April 20, 2001, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar radiculopathy. He underwent a lumbar spinal fusion in September, 2001, removal of spinal hardware in May, 2004, lumbar interbody fusion in June, 2010 and removal of lumbar spine hardware in May, 2012. Other treatment included physical therapy, pain medications, anti-inflammatory drugs, sleep aides, antidepressants and work restrictions. Currently, the injured worker complained of ongoing pain in his mid to low back. He uses a four wheeled seated walker for balance and support. He rated his pain a 10 on a pain scale of 1 to 10. He noted the chronic back pain interfered with his activities of daily living. The treatment plan that was requested for authorization included prescriptions for Oxycontin and a Magnetic Resonance Imaging of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine with and without Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter: MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (Magnetic Resonance Imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there was no documented significant changes in symptoms since the injured workers previous MRI, therefore, the request for MRI of lumbar spine with and without contrast is determined to not be medically necessary.

**OxyContin 80 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reported that the injured worker was on chronic pain medications and he needed the medications to remain functional. The requesting physician was taking measures to assess for aberrant behavior that may have necessitated discontinuation of the medications. However, the injured worker was taking a dose of opioid medication that exceeded the recommended 120 MED, therefore the request for OxyContin 80 MG #90 is determined to not be medically necessary.

**OxyContin 40 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reported that the injured worker was on chronic pain medications and he needed the medications to remain functional. The requesting physician was taking measures to assess for aberrant behavior that may have necessitated discontinuation of the medications. However, the injured worker was taking a dose of opioid medication that exceeded the recommended 120 MED, therefore the request for OxyContin 40 MG #90 is determined to not be medically necessary.