

<b>Case Number:</b>	CM14-0209247		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Illinois

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 47 year old male who was injured at work on 01/12/2000. The office note of 11/13/2014 noted he was last seen on 10/16/14, has been doing ok, weather is a problem, especially when cooler, pain will increase in the back with colder weather, has continued OxyContin 80mg bi. No problem with medications. The physical examination was basically unchanged from prior visit. Ambulating with cane, flexed trunk. The worker has been diagnosed of chronic back pain with radicular symptoms; medication dependent. Treatments have included oxycodone SR 80mg 2 twice a day; At dispute are the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The injured worker sustained a work related injury on 01/12/2000. The medical records provided indicate the diagnosis of chronic back pain with radicular symptoms, and medication dependent. Treatments have included oxycodone SR 80mg 2 twice a day. The medical records provided for review do not indicate a medical necessity for Oxycontin 80mg quantity 120. The records indicate the injured worker has been using this medication as far back as 05/2014. MTUS states that opioids appear to be efficacious for treatment of chronic pain, but limited for short-term pain relief, and long-term efficacy is unclear beyond 16 weeks. Also, the MTUS recommends reassessment and consideration of alternative therapy if the patient fails to respond to a time limited course of opioids therapy. Furthermore, the MTUS states that most randomized controlled trials for the use of opioids for chronic pain have been limited to a short-term period (70 day). Therefore, the requested treatment is not medically necessary and appropriate.