

<b>Case Number:</b>	CM14-0049556		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 4-10-02. The documentation on 3-28-14 noted that the injured worker has complaints of back pain radiating from low back down both legs right leg greater than left. The documentation noted positive muscle pain. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar epidural steroid injection and as of 3-28-14 the injured worker completed 4 additional sessions of acupuncture. The injured workers current medications are listed as Klonopin; senna; AndroGel; Oxycontin; Lunesta; norco; Flector; Adderall; Buspar and Prozac. Lumbar spine magnetic resonance imaging (MRI) on 3-21-11 showed multilevel disc protrusions with degenerative disc disease and annular tears especially at L4-5 and L5-S1 (sacroiliac) and bilateral L4-5 neuroforaminal stenosis from facet arthropathy. Bilateral hip X-ray on 3-21-11 showed normal in appearance and alignment and no fracture or other osseous pathology. The original utilization review (4-11-14) non-certified the request for Oxycontin 80mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-[www.odg-twc.com/odgtwc/formally.htm](http://www.odg-twc.com/odgtwc/formally.htm).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 80 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are spinal/lumbar DDD; low back pain; and post lumbar laminectomy syndrome. Date of injury is April 10, 2002. Request for authorization is dated April 4, 2015. According to a progress note dated March 28, 2014, subjective complaints include low back pain that radiates down both legs. Medications include Klonopin, OxyContin, Lunesta, Norco 10, Flector patch, Adderall, Buspar and Prozac. The injured worker has increased pain since last visit. There is no change in location of pain when new problems. There is no pain score. Objectively, there is lumbar spine decreased range of motion with tenderness. Motor examination is normal. There is no documentation demonstrating objective functional improvement. Subjectively, the worker's pain has worsened. There is no documentation showing an attempt to wean OxyContin 80 mg. Based on the clinical information in the medical record; peer-reviewed evidence-based guidelines; no documentation demonstrating objective functional improvement to support ongoing OxyContin; and no documentation showing an attempt to wean OxyContin, OxyContin 80 mg #120 is not medically necessary.