

<b>Case Number:</b>	CM14-0052505		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/09/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of 3/9/2008. It was not clearly stated whether the applicant was or was not working with previously imposed permanent limitations, although this did not appear to be the case. In a progress note dated December 16, 2013, the applicant reported moderate-to-severe complaints of shoulder, elbow, and low back pain. The attending provider stated that the applicant's functional capacity was declining and that the applicant was having difficulty tolerating household chores. The applicant's medication list included OxyContin, oxycodone, Lyrica, Zolof, Zantac, and Phenergan. Permanent work restrictions were renewed, along with OxyContin. On April 14, 2014, the applicant again reported moderate, constant elbow, shoulder, and low back pain with derivative complaints of anxiety and depression. The attending provider acknowledged that the applicant had failed to return to work. The attending provider contended that the applicant's ability to perform activities of self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption. This was not quantified, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin ER 15mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant has failed to return to work following the imposition of permanent work restrictions. The applicant's pain complaints were, at times, scored as moderate and, at other times, scored as moderate-to-severe. The attending provider failed to outline any quantifiable decrements in pain or meaningful improvements in function affected as a result of ongoing opioid therapy. The attending provider's commentary to the fact that the applicant is able to perform activities of personal hygiene with his medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request was not medically necessary.