

<b>Case Number:</b>	CM15-0136799		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/28/1999
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old female, who sustained an industrial injury on 4/28/1999. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar torn discs and left sciatica. Currently, she complained of chronic low back pain noted to be well controlled on current medications. Current medication listed included Oxy ER 40mg, two tablets three times a day and Oxy IR 30mg one tablet three times a day. Pain was rated greater than 10/10 VAS without medication and 2/10 VAS with medication. Activities of daily living and functional ability were noted to improve with medication. On 6/18/15, the physical examination documented no acute clinical findings. The plan of care included decreasing Oxy ER 40mg tablets from two tablets three times a day to two tablets twice a day #120; and Oxy IR 30mg, one tablet three times a day #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin ER 40mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids, Opioids for chronic pain, Oxycontin (Oxycodone). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary - Oxycontin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1999 and continues to be treated for low back pain with left-sided sciatic symptoms. When seen, pain was rated at 2/10 with medications and greater than 10/10 without medications. Physical examination findings included an antalgic gait with no focal neurological deficits. OxyContin and oxycodone were being prescribed at a total MED (morphine equivalent dose) of 375 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Reporting pain as greater than 10/10 without medications is evidence of symptom magnification. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

**OxyContin IR 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids, Opioids for chronic pain, Oxycontin (Oxycodone) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary - Oxycontin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1999 and continues to be treated for low back pain with left-sided sciatic symptoms. When seen, pain was rated at 2/10 with medications and greater than 10/10 without medications. Physical examination findings included an antalgic gait with no focal neurological deficits. OxyContin and oxycodone were being prescribed at a total MED (morphine equivalent dose) of 375 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Reporting pain as greater than 10/10 without medications is evidence of symptom magnification. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.