

<b>Case Number:</b>	CM15-0137985		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 1/18/2000. The mechanism of injury was not described. The current diagnoses are lumbar disc displacement without myelopathy, spinal stenosis of the lumbar spine, degenerative disc disease of the lumbosacral spine, cervical disc displacement, and status post multiple lumbar spine surgeries. According to the progress report dated 5/19/2015, the injured worker complains of low back pain with radiation into his lower extremities. With OxyContin, he is able to carry out his self-care activities such as walking, standing, dressing, bathing, and fixing meals. He notes that it decreases his pain from 10/10 down to 7/10. He recently had reprogramming of the spinal cord stimulator, and notes that he is having better stimulation across his back and into his legs. The physical examination of the lumbar spine reveals spasm and guarding, restricted range of motion, positive straight raise leg test on the left, decreased dorsiflexion (4/5) on the right, and decreased plantar flexion (4/5) on the left. The current medications are Norco, OxyContin, Nabumetone, Pantoprazole, and Tizanidine. It is unclear when the requested OxyContin was originally prescribed. Treatment to date has included medication management, x-rays, MRI studies, lumbar facet injection, spinal cord stimulator, and surgical intervention. He has been authorized for 6 sessions of acupuncture and will be starting this soon. Work status is described as permanent and stationary. A request for OxyContin has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Oxycontin 60mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone); Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as OxyContin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case includes a rebuttal letter for the original RU decision which uses a validated method of assessing pain reduction, the supporting letter includes specifics of improved function and efficacy of concomitant medication is included. The rebuttal letter notes that there has been a previous dose reduction from 80 mg bid of OxyContin to 60 mg bid with no loss of pain control or function. The letter then states that the claimant cannot reduce his dose any further without loss of function or loss of pain control, without submitting any evidence of any attempt at a trial of further weaning. The original UR decisions approved a modified OxyContin dose to allow for further weaning. The records, including the rebuttal letter, do not support medical necessity of ongoing opioid therapy with OxyContin 60 mg bid #60 and the original UR decision is upheld.