

<b>Case Number:</b>	CM15-0138242		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/13/2015
<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: 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 57 year old male, who sustained an industrial injury on 5/26/2009. Diagnoses include lumbar disc disease and degenerative lumbar disease. Treatment to date has included conservative measures including diagnostics, physical therapy, pain medications including OxyContin and Oxycodone IR, and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 4/30/2015, the injured worker presented for refills of medication. He has a longstanding workers comp injury that is stable and treated with OxyContin and Oxycodone IR. Physical examination revealed no palpation tenderness and range of motion is reasonable and limited as it has been in the past. He cannot get anywhere near touching his toes. The plan of care included medication management and authorization was requested for oxycontin controlled release tablets 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin IR 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Functional improvement measures Page(s): 80-81; 48.

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

**Decision rationale:** The claimant sustained a work injury in May 2009 and continues to be treated for chronic pain. When seen, he was having symptoms of withdrawal. Physical examination findings included mild epigastric tenderness. Oxycodone was prescribed at a total MED (morphine equivalent dose) 90 mg per day. OxyContin and oxycodone had been previously prescribed at a total MED of 120 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that prescribing oxycodone at a higher MED was providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.