

<b>Case Number:</b>	CM15-0144018		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Arizona, California

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 45 year old female patient who sustained an industrial injury on November 17, 1999. A pain management follow up visit dated July 06, 2015 reported the subjective chief complaint of having low back pain. She reports her medications being denied, changing her medication regimen and leaving her to pay out of pocket for the Norco prescription. She is also reporting decrease activity and productivity secondary to increased pain. The pain does radiate into the right lower extremity. Previous failed medication trials: Ultram, Darvocet, Bextra, Neurontin and Ultracet. Current medications consisted of: Ambien, Clonazepam, Medrol, Norco 10mg 325 mg, Ondansetron, OxyContin 20 mg ER one tablet every eight hours, and OxyContin 40 mg ER one tablet every eight hours, Phenergan, Senokot, and Soma. The assessment found the patient with lumbar disc degeneration, and displacement of lumbar intervertebral disc without myelopathy. The plan of care noted the patient stopping OxyContin doses; start OxyContin 60 mg, and continue with Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Oxycontin 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the guidelines, Oxycontin is not the first line for mechanical or compressive etiologies. Long term use has not been studied. The claimant had been on multiple opioids in the past. No one opioid is superior to another. Recent notes do not indicated reduction in pain scores with Oxycontin use. The claimant has been on Oxycontin for over 6 months in combination intermittently with Norco. There is no mention of weaning attempt/failure. The continued use of Oxycontin is not medically necessary.