

<b>Case Number:</b>	CM15-0145727		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/31/1998
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 (IW) is a 59-year-old male who sustained an industrial injury on 05-31-1998. Diagnoses included chronic pain. Treatment to date has included medications, multiple surgeries, physical therapy, injections and monitored weight loss program. The IW was attending an exercise session on 6-9-2015; no subjective complaints were documented. Objective findings were: height 5'11", weight 304 pounds, BMI 42.40. The physical exam was unremarkable, but was not focused on musculoskeletal problems. A request was made for Oxycontin 20 mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, When to Continue Opioids.

**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-related injury in May 1998 and is being treated for chronic pain. He has recently diagnosed bilateral carpal tunnel syndrome and

surgery is being planned. When seen, his BMI was over 42. OxyContin is being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. There is reference to prior consideration of a spinal cord stimulator. OxyContin is a sustained release opioid used for treating baseline 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 this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.