

<b>Case Number:</b>	CM15-0148384		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/19/1999
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 72 year old male, who sustained an industrial injury on May 19, 1999. Treatment to date has included opioid medications, vocational rehabilitation, and assistive devices. The injured worker was evaluated on March 24, 2015 with complaints of low back pain. His pain was located in the lumbar-sacral spine, the left low back, the midline of the low back and the right low back. He rates his pain a 7 on a 10-point scale with the use of medications. His current medications include OxyIR and Oxycontin. On physical examination the injured worker had tenderness to palpation over the cervical and lumbar spine. He had decreased range of motion of the cervical spine and the lumbar spine and had tenderness to palpation over the sacroiliac joints. The diagnoses associated with the request include lumbago. The treatment plan includes continuation of OxyContin and OxyIR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** According to the guidelines, opioids such as Oxycontin are not 1st line for mechanical or compressive etiologies. The maximum daily recommended dose should not exceed 120 mg of Morphine equivalent. There is also not a significant reduction in pain score with use of short and long-acting Oxycontin. As a result, the request for continued use of Oxycontin 240 mg daily is not medically necessary.

**Oxy IR 5mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids Page(s): 76-80.

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

**Decision rationale:** According to the guidelines, opioids such as Oxycontin are not 1st line for mechanical or compressive etiologies. The maximum daily recommended dose should not exceed 120 mg of Morphine equivalent. The combined dose of OxyIR and ER is greater than the amount recommended. There is no mention of weaning or alternate medication failure. There is also not a significant reduction in pain score with use of short and long-acting Oxycontin. As a result, the request for continued use of Oxycontin IR daily is not medically necessary.