

<b>Case Number:</b>	CM15-0149580		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Florida

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 female who sustained an industrial injury on 5-26-05 when she was transferring a coding patient from a wheelchair to a gurney sustaining a lifting twisting injury resulting in low back pressure that progressed to pain. She was medically evaluated and 5 months later placed on temporary total disability. She currently complains of low back pain with a pain level of 3 out of 10. On physical exam of the lumbar spine there was pain on palpation of the lumbar facets at L3-S1 and lumbar intervertebral disc spaces, positive straight leg raise on the right and left. She has greater than 50% pain relief with medication. She is able to perform activities of daily living and holds a full time job. Medications were Percocet, OxyContin, and Valium. There were no drug screens available for review or mention of opioid agreement. Treatments to date include 12 weeks of physical therapy without benefit; three level facet and caudal injection which did not help; selective L5 nerve root blocks tomes three which helped for one month; discogram at L2-3, L3-4 and L4-5. Diagnostics include x-rays of the neck and low back' MRI of the lumbar spine which showed posterior disc protrusion. In the progress note dated 3-6-15 the treating provider's plan of care included a prescription 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, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.