

<b>Case Number:</b>	CM15-0185010		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of March 11, 2014. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator stated that the applicant had undergone hospitalization for lumbar spine surgery on August 11, 2015 but nevertheless seemingly denied the same. The claims administrator stated that its decision was based on non-MTUS ODG Guidelines and MTUS Guidelines but did not incorporate the same into its rationale. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant was given prescriptions for OxyContin and Oxycodone and asked to employ Motrin or Flexeril for postoperative use purposes following planned lumbar spine surgery on August 11, 2015. The applicant was placed off of work, on total temporary disability, in the interim. The applicant had undergone earlier failed lumbar spine surgery in August 2014, it was acknowledged. On August 5, 2015, the attending provider stated that the applicant was still having severe pain complaints. OxyContin and Dilaudid were endorsed for postoperative use purposes in conjunction with spine surgery planned for August 11, 2015. On August 19, 2015, the treating provider reported that the applicant had undergone an L5-S1 discectomy/fusion procedure on August 11, 2015. The applicant was asked to employ OxyContin, Oxycodone, and Dilaudid for pain control purposes postoperatively. The applicant's staples were removed. Steri-Strips were placed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg, 1 tablet every 4 hours as needed, 180 tablets:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Yes, the request for OxyContin, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, OxyContin is indicated in the treatment of moderate-to-severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Here, the applicant had undergone spine surgery on August 11, 2015, i.e., in close temporal proximity to the Utilization Review report of August 27, 2015. The applicant could reasonably or plausibly be expected or anticipated to have pain complaints in the moderate-to-severe range on or around the date in question. The applicant was too soon removed from the date of the request for any meaningful discussion or functional improvement to transpire insofar as OxyContin (or other medications) was concerned. Therefore, the request is medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain case, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together any of the applicable treatment guidelines found within the MTUS. Since page 92 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked.