

<b>Case Number:</b>	CM15-0197828		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/19/1993
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 19, 1993. In a Utilization Review report dated September 12, 2015, the claims administrator failed to approve a request for OxyContin. An August 25, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an office visit dated August 13, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant had residual issues "severe disability", the treating provider reported in one section of the note. 9/10 pain without medications versus 3-4/10 with medications was reported. The attending provider stated that the applicant would be unable to walk without her medications. OxyContin was renewed. An epidural steroid injection was sought. On July 6, 2015, the applicant was again described as having "severe disability" status post earlier failed lumbar spine surgery. An epidural steroid injection was sought. The attending provider again contended that the applicant was stable on OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and was described as having "severe disability" on progress notes dated July 6, 2015 and August 13, 2015. While the attending provider stated that the applicant's medications were beneficial, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. The attending provider's commentary to the effect that the applicant will be unable to sit or walk without her medications did not constitute evidence of a substantive benefit achieved as a result of the same. Therefore, the request was not medically necessary.