

<b>Case Number:</b>	CM15-0041292		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/14/1998
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 is a 42 year old male, who sustained an industrial injury on November 14, 1998. He reported that while lifting a sewer machine into a van he felt a pop in his low back and noted severe low back pain and right leg pain. The injured worker was diagnosed as having chronic low back pain and right lower limb pain. Treatment to date has included multiple back surgeries, intraspinal drug infusion implant, urologic procedures, durable medical equipment, diagnostic studies and medication. Currently, the injured worker complains of continued low back pain. He reports that he is modified dependent and uses orthotics in both legs for transferring. He using a wheelchair for distance and has two knee braces. He reports intermittent spasm in both legs and has partial bladder incontinence. The treatment plan included continuation of intrathecal pain pump medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (chronic) Implantable Drug Delivery Systems (IDDSs) (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1998 and continues to be treated for chronic back pain. Treatments have included multiple spinal surgeries and he has an intrathecal drug delivery system. Medications include OxyContin and oxycodone at a total of morphine equivalent dose of 225 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 2 times that recommended and the claimant is also being treated with an intrathecal opioid pump indicating that prior oral opioids medications have not been effective. Therefore, this medication was not medically necessary.

**Oxycontin 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (chronic) Implantable Drug Delivery Systems (IDDSs) (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1998 and continues to be treated for chronic back pain. Treatments have included multiple spinal surgeries and he has an intrathecal drug delivery system. Medications include OxyContin and oxycodone at a total of morphine equivalent dose of 225 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 2 times that recommended and the claimant is also being treated with an intrathecal opioid pump indicating that prior oral opioids medications have not been effective. Therefore, this medication was not medically necessary.