

<b>Case Number:</b>	CM15-0041491		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/17/2002
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 61-year-old male who sustained an industrial injury on 03/17/2002. The mechanism of injury or symptoms at the time of the injury is not documented in the submitted records. Treatment to date has included diagnostics, surgery and pain medication. The injured worker presents on 01/29/2015 with neck and back pain, which interferes with most but not all daily activities. Physical exam revealed slightly limited range of motion of the neck. The injured worker walked with a cane. Diagnoses were post laminectomy syndrome lumbar region, low back pain and lumbar radiculopathy. The injured worker states weaning him down on the Oxycontin will increase his pain and give him a decrease in his quality of life along with functionality. He states that the Oxycontin with his breakthrough medication continues to keep his pain fairly tolerable and stable. The provider documents the injured workers last urine toxicology screen was in compliance. Plan of treatment included refill of pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin tab 30 mg CR, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines do not support long-term use of opioids as efficacy is unclear beyond 16 weeks. In this case, the patient is complaining of increased low back pain despite chronic use of opioids. In addition, the patient is on high doses of opioids and previous opioids have been approved for the purpose of weaning. However, records do not indicate that weaning has been initiated. In addition, there is lack of evidence of significant functional improvement. Thus, the request for oxycontin 30 mg # 60 is not medically necessary and appropriate.