

<b>Case Number:</b>	CM15-0043239		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/23/1991
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Arizona, California, 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 64-year-old male with a date of injury of 02/23/1991, with an unknown mechanism of injury. The injured worker's diagnoses include opioid dependence, chronic pain syndrome and lumbar post laminectomy syndrome. Past treatment includes the use of medications, exercise and swimming. There are no recent diagnostic studies. Surgical history includes a lumbar laminectomy, although the date of surgery is unknown. The clinical note dated 03/06/2015 indicates the injured worker was seen for a follow-up visit. The injured worker came in with complaints of his chronic lower back pain. On physical examination there was noted to be no weakness of the lower extremities and no lumbar spasms. There was also noted to be normal posture. The injured worker's current medications include OxyContin 40 mg. The treatment plan included a desire to wean the injured worker from his opioid medication. It was noted that the injured worker has been on high dose opioids for many years and that changes to the medication regimen will take time to complete. With that being said, the request is for OxyContin 40 mg extended release 1 to 2 tablets a day (5 per day) #150 no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg extended release 1-2 tablets a day (5/day) #150 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com](http://www.rxlist.com), ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm](http://www.odg-twc/formulary.htm), Epocrates, online [www.online.epocrates.com](http://www.online.epocrates.com), monthly prescribing reference, [www.empr.com](http://www.empr.com), [opioid](#) dose calculator, Agency medical director's group dose calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Based on the clinical documentation submitted for review and the California MTUS Guideline recommendations, this request is not supported. California MTUS Guidelines state that opioids can be used for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review shows no indication that the use of the opioid medication has improved the injured worker's function, although it has helped decrease pain. The clinical records indicate that the weaning of the opioid medication is desired, given that the injured worker has chronic opioid pain medication dependence. The clinical records indicate that there has also not been a urine drug screen since 06/05/2014. The results of that urine drug test were not submitted for review. Given all of the above, the request for OxyContin 40 mg extended release 1 to 2 tablets a day 5 per day #150 is not medically necessary.