

<b>Case Number:</b>	CM15-0058210		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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  
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 54 year old male who sustained an industrial injury on 7/21/03. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar radiculopathy, lumbar spondylosis, and lumbar radiculopathy. Treatments to date have included injections, oral pain medication, spinal cord stimulator, and status post decompression. Currently, the injured worker complains of back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #90:** 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): 82-92.

**Decision rationale:** According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. They are not considered 1st line over Tylenol or Tricyclics for chronic pain. In this case, the claimant had been on OxyContin for over a year along with Oxycodone and continued to have 6-8/10 pain. The combined dose of Oxycontin and Oxycodone also exceeded the 120 mg of Morphine equivalent recommended by the guidelines. The continued use of Oxycontin not recommended by the guidelines and not medically necessary.