

<b>Case Number:</b>	CM15-0237627		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: 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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 13, 2009. In a Utilization Review report dated November 23, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced a November 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said November 3, 2015 office visit, the applicant reported ongoing issues with chronic low back pain, 4/10 without medications. The applicant was on OxyContin, Oxycodone, Prilosec, topical Flector, Zofran, hydrochlorothiazide, Flovent, Flonase, Norvasc, Imitrex, and butalbital, the attending provider reported. The attending provider stated in one section of the note that the applicant would start OxyContin while stating in another section of the note that the applicant was already taking OxyContin. Multiple medications were renewed and/or continued. The applicant's work status was not seemingly reported. The applicant had had a recent lumbar radiofrequency ablation procedure, the attending provider reported. The attending provider stated in one section of the note that the applicant was performing home exercises but did not elaborate further. On May 19, 2015, the applicant reported 8/10 pain without medications versus 4/10 pain with medications. The applicant was using OxyContin and Oxycodone as of this date, the attending provider reported. Several medications were renewed and/or continued. Drug testing was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin ER 10mg, #90:** Upheld

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

**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 primary 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's work status was not reported on the November 3, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. While the attending provider did recount a reduction in pain scores from 8/10 without medications versus 4/10 with medications on various dates, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the attending provider's failure to fully recount the applicant's work status, 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. Therefore, the request is not medically necessary.