

<b>Case Number:</b>	CM14-0125848		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/27/2000
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old male who reported an injury on 03/27/2000. The mechanism of injury was not provided. The injured worker's medications were noted to include OxyContin 20 mg and 40 mg, Percocet, Sudafed, and Wellbutrin. The prior treatments included physical therapy, and an epidural steroid injection. Additionally, the injured worker underwent a lumbar decompression and fusion at L4-5 and L5-S1. The medications were utilized since at least 2013. The injured worker was monitored through urine drug screens. The most recent documentation was dated 06/17/2014 which revealed the injured worker had pain radiating down his bilateral lower extremities, right greater than left. Physical examination revealed decreased sensation to light touch over the lateral aspect of the right lower extremity. The diagnoses included post laminectomy syndrome of the lumbar region and lumbar disc degeneration. The documentation indicated the injured worker had reached a plateau in his weaning process. His pain levels were increased to the point where he was not able to be more active than self-care and basic daily activities. The injured worker was noted to have decreased from OxyContin 80 mg tablets every 6 hours down to 40 mg 3 tablets every 6 hours. The injured worker would like to remain at this dose for the time being with revisiting further weaning in the future. The injured worker was noted to have enough medication to get him through 06/26/2014. The treatment plan included Percocet 10/325 mg 1 every 4 hours #180 and OxyContin 40 mg tablets 3 every 6 hours #360. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin Tab 40mg. Supply:30 Qty:360 Refills:00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, pioid dosing, Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an 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 opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker would not tolerate further weaning. The duration of use could not be established. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The oral morphine equivalence would be a total of 810 mg of oral morphine equivalence which far exceeds the maximum recommendation of 120 mg of oral morphine equivalence per day. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was since at least late 2013. Given the above, the request for OxyContin tab 40 mg, supply: 30, quantity: 360, refill: 0 is not medically necessary.

**Oxycod. TAB 10/325MG Supply:30 Qty:180 Refills:00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an 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 opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker would not tolerate further weaning. The duration of use could not be established. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The oral morphine equivalence would be a total of 810 mg of oral morphine equivalence which far exceeds the maximum recommendation of 120 mg of oral morphine equivalence per day. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was since at least late 2013. Given the above, the request for oxycodone tablet 10/325 mg, supply: 30, quantity: 180, refill: 0 is not medically necessary.