

<b>Case Number:</b>	CM14-0133735		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational 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 patient is a 48-year-old male who has submitted a claim for cervical radiculopathy, lumbar radiculopathy, and anxiety reaction associated with an industrial injury date of 12/05/2008. Medical records from 09/10/2013 to 07/18/2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination revealed posterior midline lumbar surgical scar, tenderness and spasm over lumbar paravertebral muscles, restricted lumbar ROM, decreased sensation along L5 dermatomal distribution bilaterally, absent Achilles tendon reflexes bilaterally, and positive SLR test bilaterally. MRI of the lumbar spine dated 03/13/2013 revealed L4-5 and L5-S1 disc bulging. EMG of the lower extremities dated 04/02/2013 was unremarkable. X-ray of the lumbosacral spine dated 07/17/2014 revealed mild narrowing at L4-5 and L5-S1 disc spaces. Treatment to date has included lumbar surgery (2009), Oxycontin ER 30mg #60 (prescribed since 09/10/2013), Norco, ketoprofen, oxycodone HCl IR, and Amrix Utilization review dated 07/21/2014 partially modified the request for Oxycontin 40mg Take 1 2x/day #60 to Oxycontin 40mg Take 1 2x/Day #60 for the purpose of weaning to below 120 MED, over a weaning period of 2-3 months since the guidelines do not recommend abrupt discontinuation of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40 MG TAKE 1 2X/DAY #60-60 THIS REFILL FOR THE PURPOSE OF WEANING TO BELOW 120 MED, OVER A WEANING PERIOD OF 2-3 MONTHS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications (opioids) Page(s): 124.

**Decision rationale:** Page 124 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommends gradual weaning for long-term opioid users. Opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In this case, the patient has been on chronic opioids use since at least 09/10/2013. Current treatment plan is for weaning off from opioids. However, previous utilization review dated 07/21/2014 has already certified this request. Therefore, the request is not medically necessary.