

<b>Case Number:</b>	CM14-0170508		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

This patient is a 52 y/o male who has developed chronic low back pain subsequent to a lifting injury 4/12/11. He has been treated with a lumbar discectomy, but developed post operative fibrosis and has chronic neuropathic pain that radiates into the legs and is reported to be 8-9/10 VAS intensity. A secondary treating physician prescribes Oxcontin 80mg. BID, but there is no detailed reported of specific pain relief from this medication and there is no documentation of functional improvements. Pain relief from his medications is reported to be mild and they include Cymbalta and Gabapentin. He is scheduled for permanent placement of a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 MG BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 82.

**Decision rationale:** MTUS Guidelines supports the use of opioid mediations when there is meaningful pain relief (defined as 30% or more pain relief) with associated improvements in

function. Neither of these standards appears to be met. There is reported to be mild pain relief from all of the medications, but the VAS scores are 8-9/10 with mediations and the Oxycodone is not differentiated to be of significant benefit in addition to the other mediations that are utilized. Under these circumstances the Oxycodone 80mg. BID is not medically necessary.