

<b>Case Number:</b>	CM14-0215129		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: 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 44-year-old female who reported an injury on 09/25/2003. The mechanism of injury involved a motor vehicle accident. The current diagnoses include low back pain, degenerative lumbar intervertebral disc, and sacroiliac joint dysfunction. The injured worker presented on 12/22/2014, with complaints of persistent lower back pain with radiation into the right lower extremity. It is noted that the injured worker has been previously treated with physical therapy, epidural steroid injection, and medication management. Upon examination, there was exquisite tenderness over the spinal column, severe pain on movement, tenderness to palpation, difficulty rising from a seated position, 15 degree lumbar flexion, positive straight leg raise, bilateral SI joint tenderness, and 5/5 motor strength with intact sensation. Recommendations included continuation of the current medication regimen as well as a referral to an orthopedic surgeon and a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. A written pain consent or agreement for chronic use of an opioid was not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.