

<b>Case Number:</b>	CM15-0105048		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39-year-old male, who sustained an industrial injury on 1-2-2014. He reported back pain. Diagnoses have included lumbar disc prolapse, radiculopathy, and myofascial pain syndrome. Treatment to date has included surgery, magnetic resonance imaging (MRI), injections and medication. According to the progress report dated 5-26-2015, the injured worker complained of low back pain radiating down his left leg and foot. He reported intermittent numbness in the left foot. He reported that Oxycodone did not relieve the pain, but made him feel relaxed. He rated his current pain as five out of ten. Physical exam revealed an antalgic gait. Straight leg raise was positive on the left. There was moderate lumbar spasm. Myofascial trigger points were noted over the previous lumbar incision. Authorization was requested for Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in January 2014 and is being treated for chronic low back and left lower extremity pain. Oxycodone is specifically referenced as not relieving pain, but making him feels relaxed. When seen, there was an antalgic gait with positive straight leg rising. There was pain with lumbar motion with moderate muscle spasms. There were trigger points over the lumbar incision site. Oxycontin was being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Oxycontin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. The claimant's reported response to this medication suggests addiction and / or dependency rather than an analgesic benefit. Continued prescribing was not medically necessary.