

<b>Case Number:</b>	CM15-0016313		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old male who reported an injury on 03/28/1995. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, chronic constipation, major depression, lumbar degenerative disc disease, myofascial pain, postlaminectomy syndrome, sciatica, and spondylosis without myelopathy. The injured worker presented on 01/14/2015 with complaints of ongoing low back pain with radiation into the bilateral lower extremities. The injured worker was utilizing OxyContin 60 mg 3 times per day. Additional medications include Amitiza, Cymbalta, Linzess, Percocet, Skelaxin, Topamax, and Senna. Upon examination there was an antalgic gait, myofascial tenderness, absent left knee deep tendon reflex, 1+ right knee deep tendon reflex, and motor weakness in the bilateral lower extremities with positive straight leg raising bilaterally. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60 mg, ninety count with two refills:** Upheld

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

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

**Decision rationale:** 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. According to the documentation provided, the injured worker has utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is no frequency listed in the request. Additionally, the request for OxyContin 60 mg with 2 refills would not be supported, as refills are not supported with opioid medication. Given the above, the request is not medically appropriate at this time.