

<b>Case Number:</b>	CM15-0125359		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 53-year-old male, who sustained an industrial injury on 7/30/98. He reported pain in his lower back. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and post-lumbar laminectomy syndrome. Treatment to date has included physical therapy and back surgery x 3. Current medications include Voltaren gel, Percocet, Cymbalta, Nuvigil, Wellbutrin and OxyContin since at least 3/4/15. On 4/1/15, the injured worker rated his pain a 5/10 with medications and an 8/10 without medications. As of the PR2 dated 5/26/15, the injured worker reports pain level unchanged since last visit. He rates his pain a 5/10 with medications and an 8/10 without medications. Objective findings include restricted lumbar range of motion, a positive straight leg raise test bilaterally in sitting at 45 degrees and paravertebral spasms and tenderness in the lumbar spine. The treating physician requested OxyContin 30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg one tablet, twice a day quantity 60:** Overturned

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

**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 has a remote history of a work injury occurring in July 1998. He continues to be treated for chronic back pain and has a diagnosis of post-laminectomy syndrome. Medications are referenced as decreasing pain from 8-9/10 to 5-7/10 and allowing for improved mobility. When seen, he was having difficulty sleeping. His activity level had remained the same. Physical examination findings included a wide based gait without use of an assistive device. There was decreased lumbar spine range of motion area there were paraspinal muscle spasms with tenderness and facet loading was positive on the right. Straight leg raising was positive bilaterally. There was decreased lower extremity sensation. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of less than 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing pain control with improved mobility. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.