

<b>Case Number:</b>	CM15-0146902		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/15/1989
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: 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 59 year old male who sustained an industrial injury on 12-15-1989. Mechanism of injury was a fall. Diagnoses include chronic pain syndrome, post lumbar laminectomy syndrome, lumbar back pain with bilateral radiculopathy, sacroiliac joint dysfunction, myofascial pain syndrome, depression, anxiety, insomnia, status post arthrodesis-anterior and posterior Lumbar L3-4, L4-5, L5-S1, lumbar spine degenerative disc disease, and testicular pain. Comorbidities include liver disease. Treatment to date has included status post 11 spinal surgeries, failed spinal cord stimulator trial, medications, diagnostic studies, physical therapy, aqua therapy, chiropractic sessions, and epidural steroid injections. Current medications included OxyContin, Morphine Sulfate, Ambien, Trazodone, Carisoprodol, Lyrica, Lexapro, Wellbutrin, Docusate Calcium, and Tricor. A physician progress note dated 07-17-2015 documents the injured worker complains of pain in the thoracic spine and groin, bilaterally legs, buttocks, lower back, ankle and feet. The frequency of spasms was worsening. Medications provided 70% pain relief and ability to perform light household chores, socialize and do light exercise. He was in the weaning process from long-term high-dose medication regime of decreasing OxyContin 80mg 2 tabs every 8 hours to 1 tab every 8 hours with the anticipation that his pain will be decreased with the epidural steroid injection. A computed tomography scan was ordered to visualize his broken hardware in his back. Treatment requested is for OxyContin 80mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 80mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 1989 and continues to be treated for chronic thoracic and radiating back pain after undergoing multiple lumbar spine surgeries. Treatments have included epidural steroid injections, physical therapy, chiropractic care, aquatic therapy, medications, and a spinal cord stimulator trial. When seen, there were extensive scars throughout the spine. OxyContin and morphine were prescribed at a total MED (morphine equivalent dose) of 450 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and attempts at further weaning to an appropriate dose is not being planned. Ongoing prescribing at this dose was not medically necessary.