

<b>Case Number:</b>	CM15-0065167		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic low back, neck, shoulder, and elbow pain reportedly associated with an industrial injury of January 3, 2000. In a Utilization Review report dated March 17, 2015, the claims administrator partially approved a request for Oxy Contin, apparently for weaning purposes. The claims administrator referenced a January 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by lifting, carrying, sitting, standing, walking, and negotiating stairs. The applicant's pain complaints ranged from 4-8/10. The applicant's medication list included Oxy Contin, Protonix, Norco, Neurontin, Diovan, Ambien, and Skelaxin. The applicant was asked to continue using a TENS unit. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Oxy Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant's work status was not outlined on January 14, 2015, suggesting that the applicant was not, in fact, working. The attending provider, furthermore, suggested that the applicant was having difficulty performing activities as basic as standing, walking, lifting, negotiating stairs, etc. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with Oxy Contin. Therefore, the request was not medically necessary.