

<b>Case Number:</b>	CM15-0070094		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	03/13/1995
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 64-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of March 13, 1995. In a Utilization Review report dated March 18, 2015, the claims administrator partially approved a request for Oxycontin, apparently for weaning purposes. A RFA form received on March 16, 2015 and a progress note of March 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated November 17, 2014, Oxycontin, Halcion, and Zanaflex were endorsed. In an associated progress note of October 20, 2014, the applicant reported ongoing complaints of low back pain, 7/10, exacerbated by gripping, grasping, pushing, pulling, reaching, and turning. The applicant's pain complaints ranged from 4/10 with medications to 8/10 without medications, it was stated in another section of the note. Multiple medications were renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a progress note of March 10, 2015, essentially identical to the earlier note of October 20, 2014, the applicant reported 7/10 pain in one section of the note. 4/10 pain with medication versus 8/10 pain without medication was noted in another section of the note. The applicant reported issues with frustration, insomnia, difficulty sleeping, difficulty lifting, and difficulty pushing, pulling, and walking secondary to pain. Gripping and grasping were also problematic. Zanaflex, Vasotec, OxyContin, Amitiza, and Halcion were endorsed. Once again, the applicant's work status was not 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 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids, Weaning of medications.

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

**Decision rationale:** No, the request for Oxycontin, 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 as a result of the same. Here, however, the applicant's work status was furnished on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, and working. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing Oxycontin usage in a highly templated manner, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Oxycontin usage (if any). The attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as standing, walking, lifting, gripping, grasping, pushing, pulling, etc., did not make a compelling case for continuation of Oxycontin. Therefore, the request was not medically necessary.