

<b>Case Number:</b>	CM15-0072092		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male patient, who sustained an industrial injury on February 14, 2003. The diagnosis includes lumbar post laminectomy. He reported falling when his chair broke, with extreme pain and distress. Per the doctor's note dated 2/25/2015, he had complains of lower back pain and chronic lower extremity radiculopathy, with associated numbness and weakness. The physical examination revealed unable to rise from a seated position without severe difficulty, with an antalgic gait, and ambulates with assistance of a wheeled walker; severe tenderness to palpation across the paravertebral musculature with decreased range of motion (ROM) with flexion and extension due to severe pain; the lower extremity- limited due to severe pain, with decreased light touch discrimination bilaterally, most severe in extensors of entire leg and foot. The current medications list includes Oxycontin, Norco, and Valium. Treatment to date has included lumbar surgeries, MRIs, physical therapy, failed spinal cord stimulator trial, and medication. He has had urine drug screen on 9/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 24, 75, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Oxycontin 20mg #150 Oxycontin contains Oxycodone which is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to a lower potency opioid for chronic pain is not specified in the records provided. He has had last urine drug screen on 9/25/2014. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic, therefore the request is not medically necessary. The medical necessity of Oxycontin 20mg #150 is not established for this patient.