

<b>Case Number:</b>	CM15-0074250		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/10/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 54 year old male, who sustained an industrial injury on 05/10/2001. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, multiple spinal surgeries, and CT scans. Currently, the injured worker complains of persistent chronic low back pain. The injured worker has been treated with interventional pain procedures with limited success and mainly treated with medications including current medication regimen of OxyContin, gabapentin, Cymbalta, Xanax, and Baclofen. The diagnoses include status post T4 discectomy and fusion, history of multiple thoracolumbar decompression and fusion surgeries, history of cervical anterior discectomy and fusion with broken hardware in the cervical fusion, bilateral lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, bilateral lumbar radiculopathy, chronic pain syndrome, and high opioid use. The request for authorization consisted of OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg (unspecified qty): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The intent of chronic opioid maintenance treatment for chronic non-malignant pain is to remove pain as a barrier to movement and function. The Oxycontin has failed to improve function in this case based upon the medical records available for review. However, in this case, the patient has hardware in the spinal column that is displaced and likely painful. The patient has also undergone a fusion from the thoracic portion of the spine to the sacral portion of the spine in addition to having a cervical spinal fusion. Patient with cancer are provided opioids primarily for palliative reasons. This patient is similar since hardware from the spinal procedures appears to cause ongoing tissue damage and pain. Therefore, even though the ongoing use of opioids does not adhere to MTUS 2009 in this case, long acting opioids are appropriate. However, this request for Oxycontin is denied since the quantity of tablets and dose is not provided. Therefore the request is not medically necessary.