

<b>Case Number:</b>	CM14-0103198		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/25/1988
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 71 year old female injured on 01/25/88 when lifting a projector from a cabinet injuring her low back. The injured worker underwent spinal fusion in 1993 followed by extensive physical therapy and had complaints of continued chronic back pain. Diagnoses included post-laminectomy syndrome of the lumbar spine, lumbosacral radiculitis, sciatica, lumbago, chronic pain syndrome, lumbar facet joint pain, dysesthesia, and spasm of muscle. Clinical note dated 07/08/14 indicated the injured worker presented complaining of continued low back pain with intermittent pain radiating down posterolateral legs to feet and toes. The injured worker rated pain 9/10 following one third reduction in total daily dosage of OxyContin. Previous dose of OxyContin 60mg three times a day (TID) was previously denied and the injured worker reported running out of medication resulting in recent evaluation and treatment in local emergency department. With previous medication regimen the injured worker reported pain ranging 4-7/10 exacerbated by all upright activities and relieved by medications, ice, and heat, and lying down. The injured worker was notified the date of the evaluation approval for 80 tablets OxyContin 60mg was authorized between 06/13/14 and 06/23/14 and plan to administer on every 12 hour dosing pattern was initiated. Pain severely interfered with all basic and instrumental activities of daily living following non-authorization of OxyContin. Medications included OxyContin, gabapentin, Lidoderm patch, Pennsaid, Premarin, and Zolpidem. Initial request for oxycodone 60mg #90 was non-certified on 06/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 60mg Quantity: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80, 86, 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, page 77. The Expert Reviewer's decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, "patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications." There was no subsequent documentation submitted to establish the injured worker's response and current pain level following transition to the more appropriate twice a day dosing. As such, Oxycodone 60mg Quantity: 90 cannot be recommended as medically necessary at this time.