

<b>Case Number:</b>	CM14-0144252		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 58 year old male with complaints of low back pain. The date of injury is 12/20/10 and the mechanism of injury is a lifting injury lifting heavy boxes. At the time of request for oxycontin 40mg tablet, there is subjective (low back pain, left leg pain) and objective (left lumbar paraspinal tenderness overlying the left L3-S1 facet joints, restricted range of motion, positive discogenic and facet joint provocative maneuvers) findings, imaging findings (no report submitted), diagnoses (Lumbar facet arthropathy, degenerative disc disease, central disc protrusion L4-5,L5-S1), and treatment to date (facet joint rhizotomy, medications). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycontin (Oxycodone Hydrochloride Controlled-Release) Tab 40mg:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The last progress note dated 7/28/14 shows a scheduled regimen of oxycontin 40mg two times daily without adverse effects and good analgesic effect/functional improvement. As the medical records provided do support/supply this information, it is my opinion that the request for Oxycontin 40mg tablet is medically necessary.