

Case Number:	CM13-0029400		
Date Assigned:	06/06/2014	Date of Injury:	09/04/2006
Decision Date:	07/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 was a 50-year-old male who reported an injury on 09/04/2013. The injured worker complained of low back pain radiating down both legs. The injured worker was seen on 10/03/2013 for back pain that radiated down both legs, range of motion was restricted with flexion limited to forty (40) degrees, limited by pain and extension limited to five (5) degrees, limited by pain. On palpation, paravertebral muscles spasm and tenderness is noted on both the sides the injured worker could not walk on heel, and could not walk on toes. Lumbar facet loading was positive on both the sides. The straight leg raising test was negative. The Babinski's sign was negative. The ankle jerk is on the right and on the left. The Patellar jerk is on the right side and 2/4 on the left side. The prescription for Oxycontin 40 mg one (1) tablet by mouth three (3) times a day #90, Neurontin 300mg, one (1) capsule by mouth three (3) times a day, #90, Oxycontin 20mg, one (1) tablet by mouth three (3) times a day # 90, Norco 10/325mg take one to two (1-2) tablets by mouth every four to six (4-6) hours, as needed for pain #240, Soma 350 mg , one (1) tablet by mouth three (3) times, as needed #90, Phenergan 25mg take tablet by mouth three (3) times a day, as needed #56. The injured worker was stable on the current regimen and has not changed the regimen in greater than six (6) months. Function and active with the injured worker of daily living improved optimally on current doses of medications. The treatment plan includes Oxycontin 40mg, one (1) tablet by mouth three (3) times a day #90 for chronic pain.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

Decision rationale: The injured worker complained of low back pain and showed no improvement since the last visit on 10/03/2013. The Chronic Pain Guidelines indicate that the provider should re-assess if there has been a change in the diagnosis, if the patient is taking other medications, and what other treatments have been attempted since the use of opioids. The medical records provided for review show that there has not been any changes in the condition since the last visit on 10/03/2013. In addition, guidelines recommend up to 120mg morphine equivalent dose (MED). The injured worker's regimen of Oxycontin is 270mg MED. In addition, the request does not include the frequency of the proposed medication. As such the request is not medically necessary.

OXYCONTIN 20MG #90: 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 Opioids Page(s): 88.

Decision rationale: The injured worker complained of low back pain and showed no improvement since the last visit on 10/13/2013. The Chronic Pain Guidelines indicate that the provider should re-assess if there has been a change in the diagnosis, if the patient is taking other medications, and what other treatments have been attempted since the use of opioids. The medical records provided for review show that there has not been any changes in the condition since the last visit on 10/03/2013. In addition, guidelines recommend up to 120mg morphine equivalent dose (MED). The injured worker's regimen of Oxycontin is 270mg MED. In addition, the request does not include the frequency of the proposed medication. As such the request is not medically necessary.