MAXIMUS Federal Services

Case Number:	CM13-0034350		
Date Assigned:	12/06/2013	Date of Injury:	10/05/2008
Decision Date:	03/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 36-year-old male who reported an injury on 10/05/2008. The patient was most recently seen in 11/2013 with complaints of bilateral low back pain, left worse than right, radiating into the left buttock, left posterolateral thigh and into the left posterior calf with numbness and paresthesias. The physician stated that the patient's condition has changed in his lumbar region as his painful symptoms are now worse. Exacerbating factors were listed as prolonged sitting and standing, lifting, twisting, driving, any activities and lying down. The patient's surgical history includes past removal of hardware at L5-S1 with revision decompression at L5-S1 and an L5-S1 lumbar fusion on 05/14/2009 as well as irrigation and debridement of the lumbar incision on 05/22/2009. The documentation stated that the patient is on an up-to-date pain contract, and his urine drug screen results had been consistent with medications.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. The medical records provided for review state that the patient had been utilizing OxyContin at the 40 mg dose since at least 05/2013. The patient is also utilizing the opioid Norco 10/325 mg every 4 hours as needed for pain. In the case of this patient there is documentation of improvement in symptoms and function provided that the medication has not been abused. However, according to the overall dosage of combined narcotics, the patient's Morphine Equivalent Dose (MED) total is well over the 120mg recommended limit. With Oxycontin alone, he is at approximately 180mg. Therefore, with the opioid intake exceeding the MTUS Chronic Pain Guidelines' recommendation for MED regulations, the requested service is not medically necessary and appropriate.