

Case Number:	CM13-0036595		
Date Assigned:	12/13/2013	Date of Injury:	04/09/1992
Decision Date:	01/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine 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 65-year-old male who sustained a work related injury on 04/09/1992. The patient's diagnoses include lumbar strain, degenerative disease, radiculopathy, and spondylosis. The patient's medications include MS Contin 15 mg and Norco 10/325 mg. The most recent progress report is dated 12/11/2013. Subjectively, the patient reported unchanged lumbar pain, spasm, stiffness, and paresthesias. Objective findings revealed spasm, tenderness to palpation, and guarded range of motion. The treatment plan included prescriptions for MS Contin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 10mg #60: 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): 74-79.

Decision rationale: California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use, which include documentation of adverse effects, improvement in activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical notes provided indicated the

patient had decreased pain with the requested medication, but there is lack of documentation of functional improvement to corroborate the decreased pain level. Additionally, guidelines indicate that opioid weaning should occur if there is no overall improvement in function. Given that the patient has been on the requested medication since at least 12/2011 and the lack of documentation of functional benefit being achieved through the long term use of the requested medication, the request cannot be validated. As such, the request for 1 Prescription of Oxycontin 10mg #60 is non-certified.