

Case Number:	CM13-0037057		
Date Assigned:	01/24/2014	Date of Injury:	06/19/2002
Decision Date:	03/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 with a date of injury of 06/19/2012. The listed diagnoses per [REDACTED] dated 10/01/2013 are: 1) Lumbar strain, 2) Lumbar DJD, 3) Chronic pain syndrome. According to report dated 10/01/2013 by [REDACTED] the patient presents with low back, right buttock and leg pain. The patient states he is able to work around the house and garden with medication intake. The patient's CURES report dated 09/26/2013 is consistent for medications prescribed. Report dated 07/01/2013 states, "This patient is using scheduled 2 and 3 narcotics for activities of daily living and pain management. In order to monitor the number used and metabolic effects of the medication, I have reviewed the prior laboratory UDS results."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #60: Overturned

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: Criteria for Use Page(s): 88-89.

Decision rationale: This employee presents with chronic low back pain. The treating physician is requesting Oxycontin 20 mg #60. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Utilization review dated 10/15/2013 states "modified certification from #60 to #36." However, a review of the reviewer's clinical rationale states, "Considering the nature of this patient's injury, the stability which has been demonstrated with the previous opiate regimen, the temporary improved pain levels and functional ability, the absence of any aberrant drug-taking behaviors, and the guidelines cited, the previous recommendations to reduce and discontinue OxyContin are not medically necessary and the ongoing use of OxyContin is appropriate." The prescription of OxyContin 20 mg #60 has already been certified by UR dated 10/15/2013. In this case, as demonstrated in report dated 10/01/2013 by [REDACTED], the employee indicates that he has "full activities of daily living and pain relief with the use of this medication." The requested OxyContin 20 mg #60 is medically necessary and recommendation is for approval. UR dated 10/15/2013 already approved this request.