

Case Number:	CM13-0041478		
Date Assigned:	12/20/2013	Date of Injury:	03/19/1993
Decision Date:	02/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 58-year-old female who reported an injury on 03/19/1993, due to lifting a large pile of files while performing normal job duties, which ultimately caused injury to the patient's low back. The patient's treatment history included multiple conservative modalities and back surgeries. The patient's postsurgical chronic pain was managed by medications. The patient's most recent clinical evaluation documents that the patient's medication schedule included OxyContin 80 mg twice a day, prednisone 20 mg, and Relistor kit 12 mg/0.6 mL 1 subcutaneous injection every other day. The patient's clinical examination findings included limited lumbar range of motion secondary to significant pain, a positive bilateral straight leg raising test, and tenderness to palpation of the paravertebral lumbar musculature. The patient's diagnoses included postlaminectomy syndrome of the lumbar spine, lower extremity radiculopathy, severe disability, myofasciitis, and spinal stenosis. The patient's treatment plan included continuation of medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80MG, #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, On-Going Management Page(s): 78.

Decision rationale: The requested OxyContin 80 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of medications be supported by a quantitative assessment of pain relief, functional benefit, managed side effects, and evidence of monitoring for compliance. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief or documentation of functional benefit as it is related to medications. Therefore, continued use of this medication would not be supported. As such, the requested OxyContin 80 mg #60 is not medically necessary or appropriate.

Resistor Kit 12mg/0.6 cc 1 dose SQ every other day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/relistor-drug.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy.

Decision rationale: The requested Relistor kit 12 mg/0.6 mL 1 subcutaneous every other day is not medically necessary or appropriate. An online resource, rx.com, states that this medication is used for opioid-induced constipation in patients with advanced illness who are receiving palliative care when a response to laxative therapy has not been sufficient. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to regular laxative therapy to include oral medications. Additionally, the clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient has side effects that need to be managed by medication usage. Although California Medical Treatment Utilization Schedule does recommend prophylactic treatment of constipation related to opioid usage, the clinical documentation fails to provide evidence of the patient's failure to respond to oral medications. As such, the requested Relistor kit 12 mg/0.6 cc 1 dose every other day is not medically necessary or appropriate.