MAXIMUS Federal Services

Case Number:	CM13-0044710		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2005
Decision Date:	02/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Practice, and is licensed to practice in Texas and Mississippi. 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 47-year-old male who reported an injury on 09/17/2005. The patient reportedly worked as a painter when he fell off a ladder from about 13 feet up, landing on the ground and hitting the corner of a steel beam, causing pain and the onset of leg symptoms. An Magnetic Resonance Imaging (MRI) performed on 09/11/2011 revealed (1) diffuse L4-5 disc bulging causing mild central and lateral recess stenosis; (2) there was also evidence of an annular tear with mass effect upon the right L4 nerve root. Along with persistent back pain, the patient states that he has occasional difficulty controlling his bladder, as well as difficulty with weakness. The patient also has a history of Charcot-Marie-Tooth, which is a separate entity, and the patient has been living with that without issues for many years. The patient was most recently seen on 12/30/2013, whereupon he continues to suffer from severe stabbing pain that radiates down his left leg with a heavy, numb sensation. The patient had been utilizing methadone and Norco for several months to help alleviate his discomfort. In 10/2013, the physician discontinued the methadone and started the patient on OxyContin, per patient's request. The physician is now requesting one prescription of OxyContin 30 mg, a total of 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 30mg #60: 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: Under California Medical Treatment Utilization Schedule (MTUS), it states that opioids should be discontinued if there is no overall improvement in function, if there is continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious nonadherence is occurring, if the patient requests discontinuing, or immediate discontinuation if there is evidence of illegal activity, including diversion, prescription forgery, or stealing. In the case of this patient, he has been utilizing OxyContin since at least 10/2013. He states that it gives him 50% functional improvement with the use of his medications. However, there are no objective measurements pertaining to the efficacy of this medication in reference to the patient's pain level or functional ability. Therefore, the requested service is not deemed medically necessary and is non-certified.