MAXIMUS Federal Services

Case Number:	CM13-0048865		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2001
Decision Date:	03/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 08/31/2001. The mechanism of injury was not provided for review. Prior treatments included medications and physical therapy. The patient's medication schedule included Percocet 10/325 mg, OxyContin 80 mg, Zofran 4 mg, Soma 350 mg, and Lyrica 150 mg. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent objective findings included low back pain radiating into the lower extremities with decreased range of motion secondary to pain. It was documented that the patient uses a single point cane to assist with ambulation. The patient's diagnoses included failed back surgery and chronic intractable back pain. The patient's treatment plan included a Toradol injection, continuation of medications, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #270: 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 #270 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does include that the patient is regularly monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide a quantitative assessment for pain relief to support the efficacy of the medication schedule. Additionally, there is no documentation of functional benefit to support continued use. As such, the requested Oxycontin 80 mg #270 is not medically necessary or appropriate.

Percocet 10/325mg #270: 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 Percocet 10/325 mg #270 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does include that the patient is regularly monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide a quantitative assessment for pain relief to support the efficacy of the medication schedule. Additionally, there is no documentation of functional benefit to support continued use. As such, the requested Percocet 10/325 mg #270 is not medically necessary or appropriate.

Lyrica 150mg #120: 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 Antiepilepsy drugs (AEDs) Page(s): 60-61.

Decision rationale: The requested Lyrica 150 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of this type of medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule also recommends that continued use of any medication in the management of chronic pain be supported by an assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review fails to provide a quantitative assessment of pain relief as a result of this medication to support continued use. Additionally,

there is no documentation of functional benefit as it relates to this medication. As such, the requested Lyrica 150 mg #120 is not medically necessary or appropriate.