

Case Number:	CM13-0051820		
Date Assigned:	01/15/2014	Date of Injury:	11/04/2009
Decision Date:	06/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 injured worker is a 28 year old male who reported an injury of unknown mechanism on 11/04/2009. In the clinical note dated 10/04/2013, the injured worker complained of mainly incisional pain and felt that he may have some instability. He rated his pain 6/10 without a radicular component. In the physical examination it was documented that the wounds were healed well and he was neurologically intact. The injured worker was documented as being status post L5-S1 ProDisc L TDR on 07/16/2013 with a good result. The treatment plan discussion included the injured workers rehabilitation pursuits. He was referred back to physical therapy for an additional 8 sessions to include work hardening. His work status was extended for temporary total disability for 4 weeks and then if able, to pursue temporary partial disability with 10 pound lift, push or pull for 2 weeks. The injured worker was to continue treating conservatively. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN (OXYCODONE) 10MG #49: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 92.

Decision rationale: The request for Oxycontin (Oxycodone) 10mg #49 is not medically necessary. The California MTUS guidelines state that Oxycontin Tablets are a controlled release formulation of Oxycodone Hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as a prn analgesic. In the clinical notes, there is no documentation of need or want of moderate to severe pain management. It was documented that the injured worker had 6/10 pain but it was unclear if this was with or without pain medication. There is also no mention of the need or want of Oxycontin (Oxycodone) in the treatment plan. In the clinical notes reviewed, it stated that the injured worker was to continue to treat conservatively. Therefore, the request for Oxycontin (Oxycodone) 10mg #49 is not medically necessary.