

Case Number:	CM13-0054896		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1991
Decision Date:	03/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/20/2013

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 Management 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:

This patient reported a date of injury of 8/27/91. A utilization review determination dated 10/24/13 recommends modification of oxycodone and OxyContin to a 1-month supply to allow for documentation of the needed criteria or for weaning. A progress report dated 12/5/13 identifies subjective complaints including unchanged back and right thigh pain 4/10. Objective examination findings identify TTP bilateral lumbar facets and positive SLR on the right at 50 degrees. Flexion is 60 degrees and extension 5 degrees with pain. Diagnoses include back disorder NEC and NOS; encntr long-rx use NEC; lumbosacral neuritis NOS. Treatment plan recommends Cymbalta, Flexeril, oxycodone, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 2: Oxycodone HCL 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for oxycodone, California MTUS Chronic Pain Medical Treatment Guidelines state, due to high abuse potential, close follow-up is

recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the oxycodone is improving the patient's function or pain (in terms of specific functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly stopped. However, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested oxycodone is not medically necessary.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for OxyContin, California MTUS Chronic Pain Medical Treatment Guidelines state, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the OxyContin is improving the patient's function or pain (in terms of specific functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly stopped. However, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested OxyContin is not medically necessary.