

Case Number:	CM13-0057236		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2000
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, 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 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 patient is an employee of [REDACTED] and has submitted a claim for back pain, with an industrial injury date of August 4, 2000. Treatment to date has included physical therapy, epidural steroid injection (March 2014), and medications which include OxyContin and Oxycodone. The utilization review from November 21, 2013 denied the request for #180 Oxycontin 80mg and #180 Oxycodone IR 15mg. Medical records from 2013 to 2014 were reviewed, the latest of which dated March 5, 2014, which revealed that the patient was doing better from the procedure (left L5 transforaminal epidural steroid injection) done March 4, 2014. On physical examination, patient was in distress, ambulates with antalgic gait due to evident back pain, but without the aid of cane. There was diffuse tenderness in the back, with limited range of motion of the L5 spine in all planes due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Oxycontin as early as November 2013. In the recent clinical evaluation, there is no noted improvement in the pain level and no functional benefit with the Oxycontin use, therefore the request for #180 Oxycontin 80mg is not medically necessary.

OXYCODONE IR 15 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: The Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Oxycodone IR as early as November 2013. In the recent clinical evaluation, there is no noted improvement in the pain level and no functional benefit with the Oxycodone IR use, therefore the request for #180 Oxycodone IR 15mg is not medically necessary.