

Case Number:	CM13-0064999		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2005
Decision Date:	04/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

According to the records made available for review, this is a 56-year-old male with a 8/25/05 date of injury. At the time of request for authorization for Purchase Oxycontin ER 20mg #60 and Percocet 10/325mg #120, there is documentation of subjective (low back pain radiating to the lower extremities with numbness, tingling, and weakness in the left lower extremity) and objective (positive straight leg raise testing on the left and tenderness to palpation in the bilateral paravertebral muscles) findings, current diagnoses (post-laminectomy pain syndrome, chronic post operative pain and lumbar sprain/strain), and treatment to date (Oxycontin (unknown duration)). In addition, medical report plan indicates start the patient on Percocet. Regarding the requested Purchase Oxycontin ER 20mg #60, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding the requested Percocet 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Oxycontin ER 20mg #60: 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; Oxycodone Page(s): 74-80 & 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy pain syndrome, chronic post operative pain, and lumbar sprain/strain. In addition, there is documentation of moderate to severe pain and functional improvement with the use of Oxycontin. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Purchase Oxycontin ER 20mg #60 is not medically necessary.

Percocet 10/325mg #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 Opioids; Oxycodone Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Percocet. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy pain syndrome, chronic post operative pain, and lumbar sprain/strain. In addition, there is documentation of a plan indicating to start the patient on Percocet. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #120 is not medically necessary.

