

Case Number:	CM13-0065320		
Date Assigned:	05/14/2014	Date of Injury:	03/25/2002
Decision Date:	07/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 03/25/2002. The mechanism of injury was not stated. Current diagnoses include status post artificial disc replacement at L4-S1, right greater than left lower extremity radicular pain, sacrococcygeal pain, and opioid dependence. The injured worker was evaluated on 04/01/2014. Current medications include OxyContin 10 mg, Oxycodone 5 mg, Ambien 10 mg, Neurontin 600 mg, Naprosyn, and Flexeril 7.5 mg. The injured worker continues to report persistent lower back pain. Physical examination revealed tenderness of the paraspinal musculature, taut muscle bands and muscle spasm, limited lumbar range of motion and positive straight leg raising bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG THREE TIMES A DAY: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The claimant has utilized this medication since 05/2013. There is no evidence of objective functional improvement. The claimant continues to report persistent pain. There is also no quantity listed in the current request. Therefore, the request for Oxycontin 10mg three times a day is not medically necessary and appropriate.

OXYCODONE 5MG THREE TIMES A DAY: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The claimant has utilized this medication since 05/2013. There is no evidence of objective functional improvement. The claimant continues to report persistent pain. There is also no quantity listed in the current request. Therefore, the request for Oxycodone 5mg, three times a day is not medically necessary and appropriate.