

Case Number:	CM13-0068517		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2003
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery 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:

This 60-year-old woman injured her lumbar spine in a work-related accident on October 1, 2003. The clinical records provided for review documented a current diagnosis of failed back surgery syndrome, lumbar discogenic disease, myofascial pain syndrome, and radiculopathy. A recent clinical assessment, dated December 5, 2013, noted current complaints of low back pain, stiffness and soreness, and indicated that the claimant received roughly 30 percent relief with use of a pain pump but was still having difficulty. It also noted that she continued to utilize narcotic medications including OxyContin and Vicodin, but there were authorization issues and that the medications had not been refilled for approximately three months. Objective findings on examination showed restricted range of motion with right L5 and S1 dermatomal distribution dysesthesia with slight weakness with right straight leg raising. The documented diagnosis following the assessment was failed back surgery syndrome, radiculitis, degenerative disc disease, and myofascial pain syndrome. The claimant's morphine pump was reprogrammed, refilled, and trigger point injections performed. A request was made for medications to include OxyContin and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80 MG #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 Section Page(s): 76-80, 93 and 97.

Decision rationale: Based on California MTUS chronic pain medical treatment 2009 guidelines, the request for continued use of OxyContin in this case would not be indicated. The records indicate the claimant is utilizing a pain pump for symptomatic pain control and has not utilized narcotic analgesics in three months. Prior records indicated the claimant had no significant long-term or lasting benefit with the use of the agents. While she continues to have complaints of pain, her pain appears to be stable with current regimen of intrathecal morphine. There is at present no clinical indication for the continued role of narcotic analgesics in the chronic course of this claimant's clinical care with no documentation of advancement of treatment or activity progression.

VICODIN ES 7.5/750 MG #90: 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 Section Page(s): 74, 76-80.

Decision rationale: Based on the California MTUS chronic pain medical treatment 2009 guidelines, the continued role of Vicodin would not be supported. This would go along with the documentation of question #1 with no current indication for the continued role of short-acting narcotic analgesics in addition to use of a pain pump at this stage in the clinical course of care.