

Case Number:	CM13-0068802		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2005
Decision Date:	05/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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:

According to the records made available for review, this is a 53-year-old male with an 8/26/05 date of injury. At the time (11/12/13) of request for authorization for Oxycontin 20mg XR q12h, there is documentation of subjective (chronic severe low back pain and bilateral leg pain) and objective (tenderness to palpation of the lumbar paraspinals at L5-S1 with spasms and decreased strength of the bilateral lower extremities) findings, current diagnoses (lumbar post-laminectomy syndrome and degeneration of lumbar intervertebral disc), and treatment to date (Oxycontin since at least 7/15/13 with increased mobility and tolerance of activities of daily living). In addition, medical report identifies the patient was counseled as to the benefits of the medication and the potential side effects and risks; the patient was instructed to alert the prescribing physician if any symptoms occur; the patient was advised as to the dangers of operating an automobile while under the influence of the medication; the patient understands that the medication cannot be discontinued abruptly or without professional guidance; and the patient understands the medication must be taken only as prescribed by the prescribing physician. There is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN XR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80, and 92.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies 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 identifies 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome and degeneration of lumbar intervertebral disc. In addition, there is documentation of moderate to severe pain; and 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. Furthermore, given documentation of ongoing treatment with Oxycontin since at least 7/15/13 with increased mobility and tolerance of activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 20mg XR is not medically necessary.