MAXIMUS Federal Services

Case Number:	CM13-0069708		
Date Assigned:	05/07/2014	Date of Injury:	12/14/2001
Decision Date:	07/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

Medical records from 11/02/2004 to 05/01/2014 were reviewed and showed that patient complained of chronic low back pain with associated radiation into the bilateral lower extremities. There was difficulty performing activities of daily living. Physical examination showed severely restricted lumbar range of motion and difficulty rising from a seated position. The patient had awkward movements, and walks with a cane. MRI, dated 11/13/2013, revealed the presence of multilevel spondylosis at the level of L2-3, L3-4, L4-5, and L5-S1; broad based disc protrusions right postero laterally at the L2-3 and L3-4 and shallow posterior protrusion at L4-5; central canal stenosis with right lateral recess stenosis which could produce a right L3 radiculopathy; and short pedicles and spondylosis at L3-4 creating a borderline central canal stenosis. Treatment to date has included Oxycontin, Colace, Percocet, Norco, Valium, TENS, lumbar facet injection, physical therapy, and spinal cord stimulation. Utilization review, dated 12/03/2013, denied the request for Oxycontin. The reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80 MG (#150) WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient is being treated for chronic back pain and has been prescribed with Norco since 2004. The medical records submitted for review were mostly handwritten and illegible. They do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 80 mg (#150) with 5 refills is not medically necessary.