

Case Number:	CM14-0002276		
Date Assigned:	01/24/2014	Date of Injury:	04/09/1992
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Mississippi. 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 claimant is a 65-year-old male who was injured on April 9, 1992. The clinic note dated November 18, 2013 documents significant pain relief the OxyContin and a part of from October 21, 2013 documents improve function while utilizing medication. The November 18, 2013 note documents that OxyContin will be discontinued in a trial Norco alone will be attempted. Examination for this visit indicates tenderness to palpation over the lumbosacral spine, lumbar paraspinal muscles, and spasm associated with restricted lumbar range of motion. Diagnoses include chronic lumbar sprain/strain, degenerative disc disease of the lumbosacral spine, lumbar radiculopathy, and status post spinal fusion. The December 11, 2013 document indicates that the MS Contin was not discontinued by the patient and that the previously requested Norco was found to be not medically necessary. The exam is comparable to the previous documentation with the addition of a positive straight leg raise test and document radicular pain in an L5-S1 distribution. The utilization review in question was rendered on December 16, 2013. The reviewer noncertified request for 60 tablets of MS Contin 15 mg. The reviewer indicates that while the claimant's pain is documented as being reduced, there is no documented evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS notes that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on clinical documentation provided, the claimant has noted diminished pain while utilizing OxyContin. Additionally, the dose of this medication has been tapered down. Based on the documentation provided, it would appear that this medication is medically necessary and appropriate.