

Case Number:	CM14-0003215		
Date Assigned:	01/31/2014	Date of Injury:	01/23/2004
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and 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:

The injured worker is a 46-year-old male who reported an injury on 01/23/2004. The mechanism of injury was lifting a heavy box. The injured worker's treatment history included L5-S1 laminectomies and discectomies x2, Toradol injections, epidural steroid injections, physical therapy and multiple medications. The injured worker was evaluated on 01/13/2014. Physical findings of the thoracic and lumbar spine included tenderness to palpation from the L2 to the S2 with mild right sciatic tract irritation and limited range of motion secondary to pain. The injured worker had a positive straight leg raising test to 90 degrees bilaterally with decreased sensation over the right thigh and toes of the bilateral feet. The injured worker's medications included OxyContin 40 mg. The injured worker's treatment recommendations included an outpatient detoxification program then a transition into [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG UP TO 2 BY MOUTH EVERY 12 HOURS AS DIRECTED QUANTITY #120 WITH NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested OxyContin 40 mg up to 2 by mouth every 12 hours as directed quantity #120 with no refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Additionally, a quantitative assessment of pain relief was not provided within the recent documentation. The clinical documentation failed to provide any significant benefit from the use of this medication. The clinical documentation does indicate that the injured worker has been taking this medication since at least 2008. Without documentation of functional benefit, pain relief or evidence that the injured worker is monitored for aberrant behavior continued use will not be supported. As such, the requested OxyContin 40 mg up to 2 by mouth every 12 hours as directed, quantity #120 with no refills is not medically necessary or appropriate.