

Case Number:	CM14-0005247		
Date Assigned:	05/23/2014	Date of Injury:	10/26/2004
Decision Date:	07/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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 patient is a 53-year-old male who has submitted a claim for sprain of the knee and leg, and sprain of the thoracic region; associated with an industrial injury date of 10/26/2004. Medical records from 05/23/2013 to 12/04/2013 were reviewed and showed that patient complained of chronic leg and back pain. Patient claims that pain decreased from 6-8/10 to 4-5/10 with medication, and that pain had recently increased by 20% since his OxyContin was decreased. Physical examination findings regarding the back and leg were not made available. Treatment to date has included OxyContin, MS Contin, Percocet, Valium, and Lunesta. Utilization review, dated 12/16/2013, denied the request for OxyContin because there was insufficient documentation regarding the duration of opioid therapy, as well as continued analgesia, functional gain, and adverse effects from opioid therapy, and monitoring for aberrant drug intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINETY (90) OXYCONTIN 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are four 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 complains of increased pain since Oxycontin medications were modified. He reports decrease of pain from 6 to 8 out of 10 to a 4 to 5 out of 10 with medication. However, medical records submitted for review do not clearly reflect continued functional benefit, a lack of adverse side effects, or monitoring of aberrant drug-taking behaviors. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ninety (90) Oxycontin 60mg for 30 days is not medically necessary.