

Case Number:	CM14-0104856		
Date Assigned:	07/30/2014	Date of Injury:	04/19/2010
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family 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 57-year-old male who has submitted a claim for lumbar disc disease, right L5/S1 radicular pain, and increased radicular pain with function discogram associated with an industrial injury date of April 19, 2010. Medical records from 2013-2014 were reviewed. The patient complained of persistently severe low back pain, rated 8/10 in severity. Right leg pain was present as well. Physical examination showed tenderness around the bilateral L3 through S1 paraspinals. Lumbosacral spine range of motion was within functional limits with increased pain at end ranges. Motor strength and sensation was intact. Slump test was positive in the right leg. MRI of the lumbar spine, dated April 18, 2013, revealed degenerative disc changes and bilateral foraminal stenosis at both levels L3-L4 and L4-L5. Official report of the imaging study was not available. Treatment to date has included medications, home exercise program, activity modification, and diagnostic L4-L5 discography. Utilization review, dated July 8, 2014, modified the request for Oxycontin 20mg qty: 90 to Oxycontin 20mg #60 to facilitate weaning and because pain reduction has not restored meaningful function. Another utilization review dated August 5, 2014, also modified the request for Oxycontin 20mg qty: 90 to Oxycontin 20mg qty: 60 due to continue the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
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: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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 has been taking Oxycontin since at least June 2013. Recent progress report dated July 28, 2014 state that the pain medication helps him at least functionally perform his activities of daily living with less severe pain. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living from the medication were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the patient is currently on a weaning process. Therefore, the request for Oxycontin 20mg #90 is not medically necessary.