

Case Number:	CM14-0108724		
Date Assigned:	08/01/2014	Date of Injury:	01/02/2012
Decision Date:	10/06/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neurological Surgery, 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 records presented for review indicate that this 32 year old gentleman was reportedly injured on January 2, 2012. The mechanism of injury is noted as moving shingles on a roof. The most recent progress note, dated March 6, 2014, indicates that there are ongoing complaints of low back pain. Current medications include OxyContin 60 milligrams, Percocet 325 milligrams, and Protonix. Pain noted to be 10/10 without medication and 6 to 7/10 with medication. The injured employee states that without medications he cannot get out of bed, or walk or stand longer than five minutes. The physical examination demonstrated a slow antalgic gait. There was tenderness throughout the lumbar spine and a positive bilateral facet loading test. There was also a positive bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine show intact fusion without any signs of loosening hardware. Previous treatment includes lumbar spine surgery to include a fusion of L5 to S1. A request was made for Oxycodone 15 milligrams and OxyContin 80 milligrams and was not certified in the preauthorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

Decision rationale: Oxycodone is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Additionally the injured employee's current morphine equivalent dosage is approximately 260 milligrams per day which greatly exceeds the recommended 120 milligrams limit. As such, this request for Oxycodone 15 milligrams is not medically necessary.

Oxycontin 80 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support long acting opiates such as OxyContin in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. Additionally the injured employee's current morphine equivalent dosage is approximately 260 milligrams per day which greatly exceeds the recommended 120 milligrams limit. In the absence of subjective or objective clinical data, this request for OxyContin is not considered medically necessary.