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| Case Number: | CM14-0012995 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 06/21/2009 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 12/31/2013 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 06/21/2009 secondary to an unknown mechanism of injury. The most recent office note dated 12/10/2013 noted the injured worker was evaluated for reports of severe back and leg pain with spasms rated at 8/10. The exam noted severe myofascial pain and spasm, green discharge from the injured worker's thoracic region infection after having leads removed. The diagnoses include lumbago, and degenerative disc disease of the lumbar region. The treatment plan included continued medication therapy; recommend a home exercise/physical therapy on a regular basis, nerve conduction study (NCS) of the lower extremities, and psychological care. The Request for Authorization and rationale for the request was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #90 TO ALLOW THE PATIENT THIS REFILL FOR THE PURPOSE OF WEANING TO BELOW 120 MED, OVER A WEANING PERIOD OF SIX MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, 2013, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-95.

Decision rationale: The Chronic Pain Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk for aberrant drug use behavior. Furthermore, the request does not include the frequency of the medication. Therefore, based on the documentation provided, the request is not medically necessary.