

Case Number:	CM14-0014667		
Date Assigned:	02/28/2014	Date of Injury:	12/21/2004
Decision Date:	07/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This is a 64-year-old female patient with a 12/21/04 date of injury. 2/11/14 progress report indicates persistent low back pain radiating to bilateral lower extremities. She also complains of depression and anxiety. Physical exam demonstrates lumbar tenderness, diminished sensation in the left L5 dermatome, positive bilateral SI joint provocative maneuvers. OxyContin provides 60% improvement of the patient's pain with maintenance of activities of daily living. The patient has failed morphine and oxycodone. The patient has an up-to-date pain contract and her previous UDS are consistent. Treatment to date has included medication, L4-S1 fusion, medication, and spinal cord stimulator. There is documentation of a previous 1/22/14 adverse determination because the recommended daily MED would be exceeded with the addition of Oxycontin; and the patient having failed prior intake of oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg, qty: 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. OxyContin provides 60% improvement of the patient's pain with maintenance of activities of daily living. The patient has failed morphine and oxycodone. The patient has an up-to-date pain contract and her previous UDS are consistent. However, there remains evidence that the patient has failed Oxycodone; it is unclear why Oxycontin could then be expected to result in a different outcome. There remains concern over medication escalation beyond the maximum recommended medication dose. Therefore, the request for Oxycontin 30 Mg, Qty: 60 Tablets was not medically necessary.