

Case Number:	CM14-0115827		
Date Assigned:	08/04/2014	Date of Injury:	12/14/1993
Decision Date:	10/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 12/14/1993 due to an unknown mechanism of injury. The injured worker developed chronic cervical and lumbar spine pain that was managed with a pain medication program. The injured worker was evaluated on 06/09/2014. It was documented that the injured worker had restricted range of motion of the thoracic and lumbar spine with tenderness to palpation of the lumbar spine. The injured worker's diagnoses included lumbosacral spondylosis without myelopathy, spondylosis of the lumbar spine, and neck pain. The injured worker's medications included Oxycontin 40 mg and Oxycodone 10 mg. The injured worker's treatment plan included a refill of medications and acupuncture therapy. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Retro: Oxycontin 12hr 40mg #90 30 day supply (dispensed on 6/9/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): page(s) 78.

Decision rationale: The request for possible retro: Oxycontin 12hr 40mg #90 30 day supply (dispensed on 6/9/2014) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends chronic opioid therapy be supported by ongoing documentation of a quantitative assessment of pain relief, managed side effects, increased functionality, and evidence that the injured worker is monitored for aberrant behavior. It is noted within the documentation that the injured worker is engaged in an opioid contract and is compliant with medication usage. However, there is no documentation of significant functional benefit, or a quantitative assessment of pain relief. Therefore, efficacy of this medication is not established. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for possible retro: Oxycontin 12hr 40mg #90 30 day supply (dispensed on 6/9/2014) is not medically necessary or appropriate.

Possible Retro: Oxycodone HCL 10mg #60 30-day supply (dispensed on 6/9/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): page.

Decision rationale: The request for Possible Retro: Oxycodone HCL 10mg #60 30-day supply (dispensed on 6/9/2014) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends chronic opioid therapy be supported by ongoing documentation of a quantitative assessment of pain relief, managed side effects, increased functionality, and evidence that the injured worker is monitored for aberrant behavior. It is noted within the documentation that the injured worker is engaged in an opioid contract and is compliant with medication usage. However, there is no documentation of significant functional benefit, or a quantitative assessment of pain relief. Therefore, efficacy of this medication is not established. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Possible Retro: Oxycodone HCL 10mg #60 30-day supply (dispensed on 6/9/2014) is not medically necessary or appropriate.