MAXIMUS Federal Services

Case Number:	CM14-0121728		
Date Assigned:	08/06/2014	Date of Injury:	09/28/1999
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The patient is a 59-year-old male who has submitted a claim for displacement of the lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, and low back pain; associated with an industrial injury date of 09/28/1999. Medical records from 2013 to 2014 were reviewed and showed that patient complained of long standing low back pain and bilateral lower extremity pain. Medication reduces his pain levels from 10/10 to 6/10, and provides functional gains in that it assists with his ADLs, mobility and restorative sleep, contributing to his quality of life. Physical examination showed tenderness of the sacral promontory, ischial tuberosity, greater trochanter, and iliolumbar region. Seated straight leg raise test was positive bilaterally. Pain was noted with active range of motion. Bilateral ankle hyporeflexia, and right patellar hypereflexia were noted. Treatment to date has included medications, intrathecal pump, physical therapy, and lumbar surgery. Utilization review, dated 07/02/2014, denied the request for Oxycontin because the present request appears to be excessive and not medically reasonable without at least a trial of non-narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #210: Overturned

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.

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: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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 prescribed Oxycontin since at least June 2001. Patient reports that Oxycontin reduces pain from 10/10 to 6/10, and assists him in performing ADLs, mobility, and restorative sleep, contributing to his quality of life. The medical records reflect continued analgesia, continued functional benefit, and a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 40mg #210 is medically necessary.