

Case Number:	CM14-0129317		
Date Assigned:	08/18/2014	Date of Injury:	10/15/2011
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Pain Management 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 57-year-old male who reported an injury on 10/15/2011. The mechanism of injury was not provided. On 02/20/2014 the injured worker presented with bilateral low back pain radiating to the right buttock, right lateral thigh and right lateral calf with numbness of the bilateral heels. Current medications included Percocet, gabapentin, and duloxetine. Past surgical history was L5-S1 fusion on 11/27/2012. Upon examination there was tenderness to palpation over the lumbar paraspinal muscles with 2+ peripheral pulses bilaterally. There was restricted lower extremity range of motion by pain in all directions. There was intact sensation to light touch and pinprick, and decreased sensation in the L5 dermatome. The diagnoses were right L5 radiculopathy, right lumbar postlaminectomy syndrome, L5-S1 fusion, failed back surgery syndrome, and lumbar disc protrusion. The provider recommended OxyContin 15 mg. The provider's rationale was not provided. The Request for Authorization form was not included in medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommended the use of opiates for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, there is no information on whether OxyContin is a new or continuing prescription medication. As such, the request is not medically necessary.