

Case Number:	CM14-0132868		
Date Assigned:	08/22/2014	Date of Injury:	03/13/2007
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39 year old female who reported an injury on 03/13/2007; the mechanism of injury was not provided. Diagnoses included low back sprain/strain and restless leg syndrome. Past treatment included medications. Pertinent diagnostics and surgical history were not provided. The clinical note dated 06/30/2014 indicated the injured worker complained of increased low back pain and cramping in the calves. Physical exam of the lumbar spine revealed increased spasms, decreased lordosis, and positive leg raise. Medications included Lidoderm 5% patch, nabumetone 500 mg, Oxycontin 20 mg, Norco 10/325 mg, and requip 1 mg. The treatment plan included recommendations for Oxycontin SR 20 mg #60. The physician recommended the treatment for pain control in order for the injured worker to complete activities of daily living. The request for authorization form was completed on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Oxycontin SR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The retrospective request for Oxycontin SR 20 mg #60 is not medically necessary. The California MTUS Guidelines state that criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been taking the medication since at least 01/06/2014 and continued to have complaints of increased low back pain. A quantified pain assessment and urine drug screens were not provided. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. In addition, the request does not include indicators of quantity and frequency for taking the medication. The request does not indicate the retrospective service date. Therefore the retrospective request for Oxycontin SR 20 mg #60 is not medically necessary.