

Case Number:	CM14-0135498		
Date Assigned:	08/29/2014	Date of Injury:	10/05/2001
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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, 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 36 year old male with a reported date of injury on 10/05/2001. The mechanism of injury was a fall. The diagnoses included chronic pain, anxiety, and depression. The past treatments have included pain medication and surgery. There were no diagnostics submitted for review. The surgical history included lumbar spine discectomy in 2002 with a revision of the surgery on 03/23/2011. On 07/15/2014, the subjective complaints were low back pain. The physical examination noted minimal tenderness to lumbar paraspinal muscles. The medications included Oxycontin, Ambien, and Baclofen. The notes document in regards to Oxycontin, pain before medication is rated 8/10 and after medication 4/10, with medication the injured worker is not able to exercise and carry out ADLs, and the previous urine drug screen and cures reports were consistent. The plan was to refill Oxycontin. The rationale was to relieve pain. The request for authorization form was dated 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (Oxycodone Hydrochloride Controlled release) Tab 80mg: Upheld

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

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

Decision rationale: The request for Oxycontin (Oxycodone Hydrochloride Controlled release) tab 80mg is not medically necessary. The California MTUS Guidelines state four domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic low back pain. The notes document a pain, before medication, was rated 8/10 and after medication, was rated 4/10. Additionally, without medication the injured worker reportedly is not able to exercise and carry out ADLs, and the previous urine durg screen and cures report were consistent. Based on this information, continued use of Oxycontin would be supported. However, the request, as submitted, did not provide a frequency and quantity. As such, the request is not medically necessary.