

Case Number:	CM14-0150831		
Date Assigned:	09/19/2014	Date of Injury:	01/14/2004
Decision Date:	10/23/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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 56-year-old male who reported an injury on 01/14/2004, the mechanism of injury is not provided. On 03/03/2014, the injured worker presented with complaints of low back pain that radiated down the bilateral lower extremities. Upon examination the injured worker was alert, oriented and cooperative and the Intrathecal pump site was non-tender and showed no evidence of redness, swelling or discharge. Examination of the lumbar spine noted tenderness upon palpation in the paraspinal vertebral area from L4-S1 levels. The range of motion for the lumbar spine was moderately limited secondary to pain. The diagnoses were chronic pain, other; lumbar radiculopathy; and chronic nausea and vomiting treatment per FM. Provider recommended OxyContin 60 mg with a quantity of 90. The provider's rationale was not provided. The Request for Authorization form was not included in the 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 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Oxycontin 60mg #90 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behaviors and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, this request is not medically necessary.