

Case Number:	CM14-0151444		
Date Assigned:	09/19/2014	Date of Injury:	10/02/2001
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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:

According to the records made available for review, this is a 58-year-old male with a 10/2/01 date of injury. At the time (9/3/14) of request for authorization for Oxycontin 60mg #90 and Mobic 7.5mg, there is documentation of subjective (chronic moderate to severe low back pain with occasional radiation to the buttocks and right leg with tingling into the right foot) and objective (no pertinent findings) findings, current diagnoses (lumbosacral disc degeneration, post-laminectomy syndrome of lumbar region, lumbar spinal stenosis, and lumbosacral spondylosis without myelopathy), and treatment to date (ongoing therapy with Mobic and Oxycontin with increased ability to perform activities of daily living). Medical report identifies that benefits and risks of opioid/prescribed medication have been explained to the patient with full understanding. Regarding Oxycontin 60mg #90, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral disc degeneration, post-laminectomy syndrome of lumbar region, lumbar spinal stenosis, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of chronic severe pain. Furthermore, given documentation of ongoing treatment with Oxycontin with increased ability to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycontin. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that benefits and risks of opioid/prescribed medication have been explained to the patient with full understanding, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 60mg #90 is not medically necessary.

Mobic 7.5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral disc degeneration, post-laminectomy syndrome of lumbar region, lumbar spinal stenosis, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Mobic with increased ability to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Mobic. Therefore, based on guidelines and a review of the evidence, the request for Mobic 7.5mg is medically necessary.