

Case Number:	CM14-0151498		
Date Assigned:	09/19/2014	Date of Injury:	07/01/2005
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
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 Physical Medicine & Rehabilitation, 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 58-year-old female who reported an injury 07/01/2005. The mechanism of injury was not provided. Diagnoses included lumbar spondylosis and radiculopathy. Past treatments included a walker, home exercise program and medications. Pertinent diagnostic studies included an official urine drug screen on 05/29/2014, which revealed negative results for all areas tested. Surgical history was not provided. The clinical note dated 08/26/2014 indicated the injured worker complained of worsening low back pain radiating down the bilateral lower extremities. Physical exam of the lumbar spine revealed tenderness to palpation over the facet joints and lumbar paraspinal muscles, and positive left straight leg raise. Current medications included OxyContin 10 mg and Norco. The treatment plan included a retrospective request for OxyContin 10 mg #10. The rationale for the treatment plan was pain control. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 8/26/14) for OxyContin 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 48, 78-81.

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

Decision rationale: The retrospective request for OxyContin 10 mg #30 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical note dated 08/26/2014 indicated the injured worker complained of worsening low back pain radiating down the bilateral lower extremities. She had been taking the requested medication since at least 05/01/2014. An official urine drug screen on 05/29/2014 indicated results that were negative for all areas tested. There is a lack of efficacy of the requested medication including quantified pain relief and functional improvement. Additionally, the request also does not indicate the frequency for taking the medication. Therefore, the retrospective request (date of service 08/26/2014) for OxyContin 10 mg is not medically necessary.