

Case Number:	CM14-0152354		
Date Assigned:	09/22/2014	Date of Injury:	09/04/2006
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 09/04/2006. The mechanism of injury was not submitted for clinical review. The diagnoses included panic disorder without agoraphobia, major depressive disorder, and post-traumatic stress disorder. The previous treatments included medication. Within the clinical note dated 08/21/2014, it was reported the injured worker complained of lower backache. He complained of pain to his low back which radiated to both legs. He rated his pain 8/10 in severity without medication. Upon the physical examination, the provider noted the range of motion of the lumbar spine was restricted with flexion limited to 50 degrees and extension limited to 5 degrees. There was tenderness to palpation of the paravertebral muscles and spasms on both sides. The provider noted the injured worker had a positive facet loading test on both sides. The injured worker had a positive Hawkins' and Neer's test. The medication regimen included Phenergan, Oxycontin, Norco, Soma, Oxycodone, and Neurontin. The provider requested Oxycontin for pain. The Request for Authorization was submitted and dated 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #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, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Oxycontin 30mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.