MAXIMUS Federal Services

Case Number:	CM14-0152547		
Date Assigned:	09/22/2014	Date of Injury:	05/05/2010
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
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 & Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 45 year old female who was injured on 05/05/2010. The mechanism of injury is unknown. The patient underwent a 3 level fusion on 04/03/2014. Progress report dated 06/05/2014 states the patient presented with complaints of moderate pain that is burning and aching in nature. On exam, straight leg raise is positive eliciting back pain. Her range of motion of the lumbar spine is decreased and revealed flexion to 25 degrees; extension at 10 degrees; right side bending at 10 degrees; and left side bending is 10 degrees. The patient is diagnosed with lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis with history of laminectomy. He was recommended to continue Oxycontin 20 mg #60 and consult for pain management. Prior utilization review dated 08/19/2014 states the request for Oxycontin 20mg #60 is modified to certify Oxycontin 20 mg #48 between 07/29/2014 and 10/14/2014; 1 Pain Management Consultation for a Multidisciplinary Pain Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. The supporting documentation indicates significant pain however, there has been no significant improvement with pain or function and long-term use of Oxycontin is not recommended by guidelines. Therefore, the request is not medically necessary.

1 Pain Management Consultation for a Multidisciplinary Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) Independent Medical Examinations and Consultations

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a Consultation Multidisciplinary pain program when there is evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The supporting documentation indicates the approval for acupuncture however, has yet to start this treatment. In this case, the guideline for pain management program has not met all the recommendation therefore, the request for a consultation is not medically necessary at this time.