

Case Number:	CM14-0173171		
Date Assigned:	10/24/2014	Date of Injury:	08/27/1991
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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:

The patient is a 61 year-old male with date of injury of 08/27/1991. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/08/2014, lists subjective complaints as pain in the low back. Objective findings: Patient does have weakness with right foot in dorsiflexion and plantar flexion. He was able to rise up on the toes for a short time on the right side, and also heel walk. Straight leg raising test produced pain and numbness over the right lateral thigh and into the groin region and over the anterior area of the thigh near the knee, but did not extend below the knee. Diagnosis: 1. Low back pain, status post multiple surgeries. The medical record supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Oxycontin 40mg, #60 SIG: BID2. Oxycodone 15mg, #60 SIG: QID3. Cymbalta 30mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. The request for Oxycontin 40mg #60 is not medically necessary.

Oxycodone 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is taking both Oxycontin and Oxycodone; there is no documentation of functional improvement with either narcotic. Therefore the request for Oxycodone 15mg #60 is not medically necessary.

Cymbalta 30mg #60: Upheld

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 9792.20 - 9792.26 Page(s): 14, 105.

Decision rationale: Cymbalta is recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have subjective lower extremity radicular pain. As such, the request for Cymbalta 30mg #60 is not medically necessary.