

Case Number:	CM14-0176281		
Date Assigned:	10/29/2014	Date of Injury:	01/21/2014
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 77-year-old female with a 1/21/04 date of injury. The mechanism of injury occurred when he was picking up pieces of pipe. According to a progress report dated 10/8/14, the patient reported that there have been no significant changes at this time. He complained of nausea and constipation associated with medication use, however, it is well controlled with Senna. He reported that medications allow improvement in function, specifically described as allowing him to sit and walk for longer periods of time. Per the patient, if he does not take the medication, he is not able to function. The patient is interested in a repeat rhizotomy; he stated that rhizotomy had provided significant pain relief in the past. A CURES report dated 10/8/14 is consistent; urine toxicology dated 8/7/14 is consistent. Objective findings include severely antalgic gait, lumbar spine range of motion decreased in all planes, tenderness to palpation over the L3-L4 and L4-L5 facets. Diagnostic impression: facet-mediated lumbar pain, chronic low back pain/facet osteoarthritis, diabetes mellitus. Treatment to date includes medication management, activity modification, and rhizotomy. A UR decision dated 10/6/14 modified the request for OxyContin from 60 tablets to 29 tablets for weaning purposes. The patient had continued pain with lack overall improvement in his condition with use. Thus continuation is not congruent with evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 10mg #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): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2004 date of injury, nearly a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, it is noted that prior UR decisions have recommended weaning this patient off of OxyContin. There is no documentation that the provider has addressed the issue of weaning. Therefore, the request for OxyContin 10mg #60 is not medically necessary.