

Case Number:	CM14-0180510		
Date Assigned:	11/05/2014	Date of Injury:	11/08/2002
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 Georgia. 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 55 year old female with a work related injury on 11/8/2002. The patient is being treated for low back pain, left leg pain and thoracic pain. On September 25, 2014 patient's physical exam included tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4 - five and L5 - S1 facet joints; restricted bilateral lower extremity ranges of motion by pain in all directions; restricted lumbar ranges of motion by pain in all directions; lumbar extension was worse. According to the medical records, the patient is permanent and stationary. The patient was diagnosed with low back pain with pars defect and radiculitis down the lower extremities with no history of nerve conduction study; however pain is improving, internal derangement of the left knee status post arthroscopy in February 2008 with medial meniscectomy. A claim was made for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycontin 80mg #180 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.