

Case Number:	CM14-0021001		
Date Assigned:	05/05/2014	Date of Injury:	01/25/1996
Decision Date:	07/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 01/25/1996. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 02/13/2014 reported the injured worker complained of back and leg pain. The injured worker was prescribed Wellbutrin XL, medroxyprogesterone, Celebrex, Prilosec, Synthroid, Oxycodone 5 mg, Oxycodone 20 mg, Ambien, MiraLax, Xanax, Lidoderm patch, Ketamine, Prevacatin, Provigil. Upon the physical exam, the provider noted unchanged good heel to toe waking. The provider requested for 2 prescriptions of OxyContin. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF OXYCONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker complained of back and leg pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. The guidelines also note pain assessment should include current pain, the least reported pain over a period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation provided. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for retrospective usage of OxyContin is not medically necessary and appropriate.

PROSPECTIVE USAGE OF OXYCONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker complained of back and leg pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note pain assessment should include current pain, the least reported pain over a period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation provided. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for prospective usage of OxyContin is not medically necessary and appropriate.