

Case Number:	CM14-0024776		
Date Assigned:	06/20/2014	Date of Injury:	06/12/1996
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiologist, and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 06/12/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 06/05/2014 indicated diagnoses of L5-S1 post laminectomy syndrome, L5-S1 stenosis, lumbar degenerative disc disease, lumbar herniated nucleus pulposus L3-4, and lumbar spondylolisthesis at L5-S1. The injured worker reported low back pain and bilateral lower extremity pain. She reported pain from the waist downward including both feet and reported numbness, burning, aching, cramping, stabbing, and pins and needles. The injured worker rated her pain at 10/10 constant and reported leg pain at 10/10 and constant. The injured worker reported having trouble with concentration. The injured worker also reported shortness of breath, wheezing, loss of bowel control, joint swelling, loss of bladder control, and headaches and migraines. On physical examination, the injured worker's neck flexion and extension were approximately 50% of expected with increased pain. There was decreased sensation on the lateral and posterior legs and top of the feet. The injured worker had tenderness along the lumbar spine. The injured worker's prior treatments included diagnostic imaging, physical therapy, surgery, and medication management. The injured worker's medication regimen included methadone, oxycodone, OxyContin, and topiramate. The provider submitted a request for OxyContin. A request for authorization dated 06/16/2014 was submitted for OxyContin 40 mg CR 2 refills; 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:

Oxycontin 40 mg CR 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids dosing and Weaning of Medications Page(s): 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Oxycontin 40 mg CR 2 refills is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request did not indicate a quantity or a frequency for the medication. Therefore, the request for Oxycontin 40 mg CR 2 refills is non-certified.