MAXIMUS Federal Services

Case Number:	CM14-0025449		
Date Assigned:	03/03/2014	Date of Injury:	06/15/1991
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 claimant is a 64-year-old female presenting with chronic pain following a work-related injury on June 15, 1991. The claimant reported ongoing low back pain with radiation to the buttocks. The claimant has been treated with multiple medications including opiate medication, Nuvigil and Lorazepam. The claimant reported feeling all medications including Oxycodone, Hydrocodone, methadone, fentanyl, and morphine sulfate. Physical exam was significant for tenderness to palpation of the lumbar paraspinous muscle overlying the bilateral L3-S1 facet joints, bilateral sacroiliac joint regions, and cervical paraspinal muscles, decreased lumbar range of motion and all directions causing pain, restricted cervical range of motion by pain in all directions, lumbar extension was worse than lumbar flexion, cervical flexion was worst in cervical extension, positive lumbar discogenic provocative maneuvers, positive bilateral sacroiliac provocative maneuvers, Gaenslen's, Patrick maneuver and pressure at the sacral sulcus. The claimant was diagnosed with lumbar strain/sprain injury, status post spinal cord stimulator IPG battery replacement, status post bilateral sacroiliac radiofrequency nerve ablation, status post fluoroscopically guided diagnostic bilateral sacroiliac joint injection, bilateral lumbar facet joint pain, bilateral sacroiliac joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar postlaminectomy syndrome, cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical degenerative disc disease, cervical facet joint hypertrophy, cervical facet joint pain, and cervical sprain/strain, hypothyroidism, anxiety, depression, GERD and left lung bronchiectasis. A claim was made for Oxycontin 40mg BID # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCOTIN 40 MG BID #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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 79.

Decision rationale: Oxycontin 40 mg BID # 60 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 previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.