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| Case Number: | CM14-0030397 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/05/2008 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 68 year old male with an injury date of 06/05/08. Based on the 11/06/13 progress report provided by [REDACTED], the patient complains of lower back pain. And spasms on both sides of his low back. The pain is constant and is described as aching and throbbing. He has tenderness palpated on both sides of midline of lower lumbar spine and lumbar range of motion is painful. He also complains of impaired sleep. The patient is currently taking OxyContin, Norco, and Soma. The patient's diagnoses include the following: 1.Lumbar discogenic disease 2.Lumbar facet syndrome. [REDACTED] is requesting for OxyContin 80 mg TM #60 with no refills. The utilization review determination being challenged is dated 03/04/14. [REDACTED] is the requesting provider, and provided four treatment reports from 10/09/13- 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg TM #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 60-61, Criteria for use of opioids, pages 88-89.

Decision rationale: According to the 11/06/13 report by [REDACTED], the patient presents with lower back pain. The request is for OxyContin 80 mg TM #60 with no refills. The patient has been taking OxyContin since 02/27/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.