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| Case Number: | CM14-0030932 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/03/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

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 Pain Medicine 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 34 year old male who sustained an industrial injury on 10/3/2012. He is status post L4-5 discectomy and laminectomy on 11/28/2012. Treatment to date has included Oxycontin, Percocet, and SI joint injection. A prior peer review dated 3/10/2014 non-certified/denied the requests for Oxycontin 30 mg #90 and Percocet 10/325 mg #120, however approved #45 and #60, respectively, for weaning purposes. A 10/14/2013 toxicology revealed UDS positive for Oxycodone class (Oxycodone, oxymorphone, noroxycodone, and noroxymorphone) only, and negative for all other tests. According to the 1/10/2014 progress report, the patient's current medications are Oxycontin 20 mg bid and Percocet 10/325 mg tid. Diagnoses are status post positive right sacroiliac joint injection; 2. Right SI joint pain; 3. L4-5 discectomy and laminectomy; 4. Lumbar post laminectomy syndrome; 5. Right L5 and S1 radiculopathy; 6. Lumbar facet joint arthropathy; 7. Lumbar sprain/stain. Work status is TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for Chronic pain Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Oxycontin Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The most recent medical report does not document subjective pain levels, response to medication use and also fails to document any objective findings on examination and to support the medical necessity of the medication. The criteria for ongoing opioid for chronic pain management have not been met. In accordance with the MTUS Guidelines, in absence of benefit, opioids should not be continued. The medical necessity of Oxycontin has not been established. As such, the request is not medically necessary and appropriate.

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Percocet "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The most recent medical report does not document subjective pain levels, response to medication use and also fails to document any objective findings on examination, as to support the medical necessity of the medication. The criteria for ongoing opioid for chronic pain management have not been met. In accordance with the MTUS Guidelines, in absence of benefit, opioids should not be continued. The medical necessity of Percocet has not been established. As such, the request is not medically necessary and appropriate.