

Case Number:	CM14-0031333		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2003
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
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 Anesthesiology, 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 injured worker is a 59-year-old male injured on 02/06/03 due to an undisclosed mechanism of injury. Current diagnoses include status post microlumbar decompressive surgery bilaterally at L3 - 4, L4 - 5 on 10/15/13, multilevel severe neural foraminal narrowing of the lumbar spine, degenerative disc disease and facet arthropathy of the lumbar spine, and left-sided numbness. Clinical note dated 2/10/14 indicates the injured worker presented complaining of ongoing neck and low back pain rated at 9/10 on pain scale. The injured worker reported pain, weakness, and numbness radiating down his right lower extremity into his foot. Physical assessment reveals tenderness at previous surgical site, obvious atrophy in the right calf, decreased lumbar spine range of motion in all planes, decreased sensation L3, L4, L5 and S1 dermatomes on the left, decreased sensation C-5 through C8 on the left, and ambulation assisted with single point cane. Current medications include OxyContin 30 mg three times daily, bupropion ER 150 mg once daily, clorazepate 7.5 mg two tabs every evening, gabapentin 600 mg three times daily, pantoprazole 20 mg twice daily, Senna 50/8.6 mg twice daily, vitamin D once daily, carisoprodol 350 mg three times daily, hydrocodone 10/325 mg three times daily, and zolpidem 10 mg every evening. The initial request for OxyContin 30 mg TID #180 was initially non-certified on the 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg TID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycontin 30mg TID #180 cannot be established at this time.