

Case Number:	CM14-0032486		
Date Assigned:	03/19/2014	Date of Injury:	06/21/2001
Decision Date:	04/22/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational 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 an employee of the [REDACTED] and has submitted a claim for Lumbar disc disease and Lumbar spine radiculopathy associated with an industrial injury date of 06/21/2001. Treatment to date has included medications, physical therapy, TENS (transcutaneous electrical nerve stimulation), left L4-L5 discectomy and laminectomy on November 22, 2004, and aquatic therapy. A utilization review from January 24, 2014 modified the request for Oxycontin 40MG CR, 30 day supply, QTY 60, MED 120. Oxycontin 40mg CR #56 was prescribed initially in 2001. Medical records from July 2013 to 2014 were reviewed showing that lumbar pain has not improved significantly with a scale of 7-8/10. Pain was described as dull, burning, throbbing with numbness and tingling on both lower extremities. Pain is aggravated upon prolonged sitting. Pain is alleviated when patient stands up. Physical examination showed motor strength of 5/5 on both lower extremities, decreased sensation in bilateral L5 dermatomes, absent ankle reflexes, positive SLR at 40 degrees in bilateral lower extremities; and decreased range of motion of the lumbar spine in flexion and extension. Current medications include OxyContin 40mg, one pill every twelve hours; OxyIR 15mg, one pill every four to six hours prn for breakthrough pain; Soma 350mg, one pill every eight hours prn; and Anaprox 550mg, one pill every twelve hours. The patient has started to wean off shorter-acting OxyIR 15mg, one pill every four hours to every six hours on September 10, 2013. Patient was said to be compliant in his medications. No restrictions in functional daily activities were noted. Patient is still off-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG CR, DAYS SUPPLY- 30, QTY 60, MED 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, progress note written on November 5, 2013 showed that the physician was planning to request for urinalysis to assess opioid compliance. However, no result was noted or any indication if the procedure has been done. Medical records submitted and reviewed showed no documentation evidencing functional improvement, pain relief and absence or presence of any adverse effects with regards to the use of Oxycontin. The request for Oxycontin 40mg CR, 30 day supply, 60 count, MED 120 is not medically necessary or appropriate.