

Case Number:	CM14-0032969		
Date Assigned:	04/18/2014	Date of Injury:	01/17/1995
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 48-year-old male presenting with chronic low back pain following a work-related injury on January 17, 1995. The claimant complains of low back and buttock and leg pain. The claimant is status post lumbar fusion and removal of hardware. The physical exam was significant for decreased lumbar range of motion, pain with lumbar flexion and extension, negative straight leg raise, sacroiliac joint pain with flexion and straight leg raise, myofascial tightness, and intact motor and sensory functions of the lower extremities. The claimant's medications include OxyContin 20 mg 4 times a day, Provigil, Cymbalta, AcipHex, Wellbutrin, lorazepam and Lorcet 10 per 650. The claimant was diagnosed with lumbar postlaminectomy syndrome, depression and chronic opioid therapy. The claimants work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG, 100 CONTROLLED RELEASE TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, OPIOIDS, 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Opioids Section, page 79.

Decision rationale: Oxycontin 20mg, 100 controlled release tablets 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. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Oxycontin is not medically necessary.