

Case Number:	CM14-0034504		
Date Assigned:	06/20/2014	Date of Injury:	08/09/1999
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old male with a date of injury on 8/9/1999. Subjective complaints are of chronic low back pain and left and right leg pain, neck pain radiating to shoulder and hand. Physical exam shows low back tenderness, antalgic gait, and noted that exam is unchanged since last visit. Lumbar MRI from 10/20/2011 shows disc bulges at L4-5 and L5-S1. Medications include Aciphex, Ambien, baclofen, OxyContin 40mg every 12 hours, Percocet 10/325 as needed three times a day, phentermine, Viagra, and Zanaflex. Records indicate that patient had previously failed Norco, Lyrica, Fentanyl patch, Nucynta, and MS Contin. Documentation also indicates that patient has had consistent urine drug screens, pain relief with medication, and pain contract is present in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40 mg CR #90, 30 Day Supply, 2 Units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use Page(s): 78, 79-80,86.

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

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary.