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| Case Number: | CM14-0038848 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 07/03/2001 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Texas. 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 68 year old male injured on 07/03/01 due to undisclosed mechanism of injury. Current diagnoses included lumbar degenerative disease post-lumbar fusion, chronic lumbar back pain, and right leg radiculopathy. Clinical note dated 03/12/14 indicated the injured worker presented complaining of severe anxiety and depression due to recent reduction in pain medications. The injured worker reported 8-9/10 without medications and 4-5/10 intolerable with medications. The injured worker reported without medications inability to perform routine activities of daily living and could only remain in bed; with pain medications able to perform activities of daily living, remain physically functional, and social. Prior treatments included injections, physical therapy, and medication management. Documentation indicated prior attempts to decrease medications had failed. Physical examination revealed severe anxiety, depression, and sleep difficulty. The injured worker had pain and tenderness in the right lower extremity, low back, bilateral feet, and lower extremities, numbness in bilateral legs, spasms, stiffness, and tenderness of the paralumbar musculature at L4-5. Current medications included OxyContin 80mg two tablets three times a day and Oxycodone 30mg one to two tablets every day. The initial request for OxyContin 80mg #180 and Oxycodone 30mg #60 was non-certified on 03/27/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As noted in 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 sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation indicates the injured worker reports increased functionality as a result of medication use; however, the current medication regimen greatly exceeds the current recommended 100mg morphine equivalent dosage/day. As such, the request for Oxycontin 80mg #180 cannot be recommended as medically necessary at this time.

Oxycodone 30MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As noted in 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 sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Oxycodone 30mg #60 is recommended as medically necessary at this time.