

Case Number:	CM14-0039363		
Date Assigned:	06/27/2014	Date of Injury:	10/01/2005
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 43 year old male who sustained an injury on 10/01/05. No specific mechanism of injury was noted. The injured worker was followed for complaints of low back pain radiating through the lower extremities. Symptoms did not improve with initial conservative treatment and the injured worker underwent lumbar micro decompression in 06/13. Post-operatively the symptoms improved to some extent however the injured worker continued to utilize multiple medications for pain management including Norco 10mg and oxycontin 10mg. Other medications included Ambien baclofen and Xanax. The injured worker was successful in reducing narcotics usage specifically oxycontin from 15mg to 10mg. The clinical record from 02/06/14 noted that the injured worker was utilizing Norco 10mg twice daily and oxycontin 10mg once a day. The injured worker continued to have spasms and tenderness to palpation on physical examination in the lumbar spine with limited range of motion. The injured worker was utilizing Neurontin 300mg three times daily for neuropathic pain. The injured worker received Depomedrol injection in the lumbar right low back at this visit. The injured worker was continually recommended for physical therapy which had not been provided. Clinical record from 03/06/14 noted no change to the medications being prescribed to the injured worker. The injured worker reported improvement with the last trigger point injections. Physical examination was essentially unchanged. Further trigger point injections were completed at this visit. The injured worker was pending aquatic therapy and a weight loss program. Follow up on 04/24/14 noted that the injured worker had increasing intensity in terms of low back pain. The injured worker denied any side effects from medication including Norco or oxycontin. Physical examination was unchanged. The injured worker was recommended to continue with oxycontin 10mg once a day and Norco twice a day for breakthrough pain. The requested oxycontin 10mg #30 was denied by utilization review on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 MG Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Oxycontin 10mg quantity 30, this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not provide any specifics regarding functional improvement or pain reduction with the continued use of oxycontin as a baseline pain control medication. Per guidelines oxycontin is a second line recommended second line medication that can be considered in the treatment of severe musculoskeletal pain. Guidelines recommend there be ongoing assessments of functional improvement and pain reduction obtained with the use of oxycontin to support its ongoing use. Given that the clinical documentation submitted for review provided minimal evidence regarding functional improvement or specific pain reduction and as there was no discussion regarding duration or effect of the continued use of oxycontin this reviewer would not have recommended this request as medically necessary.