

Case Number:	CM14-0040461		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2002
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is a 50-year-old male with a 1/22/02 date of injury. He was working as a delivery driver and while unloading, he twisted his lower back and had severe pain. According to a progress note on 3/04/14, the patient complained of back pain that radiated to both feet. He rated the pain at a level of 6-9/10, on a pain scale of 0-10. His pain was aggravated by movement, twisting, flexing and extending back and was alleviated by changing positions. Objective findings indicate tenderness to palpation of the spinous process at L5, transverse process on the right at L5, transverse process on the left at L5 and sacrum, tenderness of the paraspinal region, iliolumbar region and the piriformis. Diagnostic impressions include chronic pain syndrome and lumbar post-laminectomy syndrome. The patient has had medication management, activity modification, and epidural steroid injections. A UR decision dated 3/10/14 modified the request for Oxycontin from 60 tablets to 30 tablets for weaning purposes. There was no documentation provided in the medical records that the patient has previously attempted a lower dosage of the requested medication and no documentation of any functional gain or decrease in pain with the use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects from the medication. Furthermore, a urine drug screen report dated 11/10/13 was inconsistent for the use of Oxycontin. There is no documentation that the physician has addressed this issue. The request for Oxycontin 30 mg #60 with 1 refill is not medically necessary.