

Case Number:	CM14-0052154		
Date Assigned:	07/07/2014	Date of Injury:	03/15/2012
Decision Date:	08/14/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 49-year-old male who reported an injury 03/15/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/25/2014, indicated the injured worker reported chronic cervical pain. The injured worker reported he was active, he was biking 2 hours a day and he had lost about 40 pounds with his exercise program. The injured worker reported the medication keeps his pain under control. On physical examination the injured worker was able to rotate to the right 45 degrees, rotate to the left 45 degrees, tilt to the right and tilt to the left 45 degrees, extension was 20 degrees with extreme pain, and flexion was 60 degrees. The injured worker had axial pain but no referred pain. The injured worker's prior treatments included, diagnostic imaging, home exercise and medication management. The injured worker's medication regimen included, Percocet and Oxycontin. The provider submitted a request for Oxycontin and Percocet. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg 1 to 2 daily #60/month 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Oxycontin 20mg 1 to 2 daily #60/month 2 refills is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use, behaviors and side effects. In addition, it was not indicated how long the injured worker had been using this medication; moreover, Oxycontin is for short term use. The injured worker has been utilizing Oxycontin since at least 01/23/2014; this exceeds the guidelines recommendation for short term use. The request for Oxycontin 20mg 1 to 2 daily #60 month 2 refills is not medically necessary and appropriate.

Percocet 10/325mg 2 in the morning and 2 in the evening #120/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325mg 2 in the morning and 2 in the evening #120/month is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use, behaviors and side effects. In addition, it was not indicated how long the injured worker had been using this medication; moreover, Percocet is for short term use. The injured worker has been utilizing Percocet since at least 01/23/2014; this exceeds the guidelines recommendation for short term use. The request for Percocet 10/325mg 2 in the morning and 2 in the evening #120/month is not medically necessary and appropriate.