

Case Number:	CM14-0055567		
Date Assigned:	07/09/2014	Date of Injury:	03/29/2007
Decision Date:	09/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Practice 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 38 year old male claimant sustained a work injury on 3/29/07 involving the low back. He was diagnosed with lumbar radiculopathy and L4-S1 disc protrusions. On 10/2/13 he underwent a lumbar laminectomy, lysis of adhesions and microdissection cauda equine and nerve roots. The claimant had been on Oxycontin and Oxycodone for pain for over a 9 months. A progress note on 3/6/14 indicated the claimant had 10/10 back pain. He was on Oxycontin 20 mg BID and Oxycodone 15 mg QID. Exam findings were notable for painful and decreased range of motion of the lumbar spine. He was increased to Oxycontin 30 mg BID and continued on Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycontin is a long acting opioid. Long-term use of long acting opioids do not have substantial evidence to support their use. The claimant had continued high level of pain despite several months of use of Oxycontin and Oxycodone. Patients develop tolerance to

opioids over long periods of time. According to the MTUS guidelines, the cumulative dose the claimant was prescribed was equivalent to 180 mg of morphine. The guidelines recommend keeping the dose below 120 mg. Therefore, the request for Oxycontin 30 mg BID is not medically necessary.