

Case Number:	CM14-0058967		
Date Assigned:	07/09/2014	Date of Injury:	03/14/2002
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 79-year-old individual was reportedly injured on March 14, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of low back and left lower extremity pains. The physical examination demonstrated an antalgic gait pattern, requiring a cane, significant edema of the distal left lower extremity that is tender to touch. A decrease sensation and a positive straight leg rising were also reported. Diagnostic imaging studies objectified postoperative changes. Previous treatment included lumbar surgery, spinal cord stimulation, and other pain management interventions. A request had been made for OxyContin and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg (60 tabs): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74,78,93 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered and the current pain conditions and by the notation that the OxyContin could successfully be weaned (discontinued), there is no clear clinical indication to continue this medication. As such, when noting the parameters identified in the MTUS relative to the need for around-the-clock analgesia, and noting that there is no increase in functionality and that the treating provider suggested an appropriate weaning protocol, the medical necessity for continued utilization is not present. Therefore, the request is not medically necessary.