

Case Number:	CM14-0061559		
Date Assigned:	07/09/2014	Date of Injury:	08/14/1991
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The injured worker is a 60-year-old female who has submitted a claim for lumbosacral disk degeneration, status post lumbar laminectomy and discectomy at L4-5 with percutaneous nucleotomy associated with an industrial injury date of August 14, 1991. The medical records from October 15, 2013 up to July 17, 2014 were reviewed showing back pain characterized as sharp and radiates down to her left leg. She reported 50% functional improvement with medication and pain reduction from 9/10 without medication to 4/10 with medication. A physical examination of lower back showed forward-flexed antalgic posture and inability to stand straight, palpation revealed loss of lordotic curvature with palpable muscle spasm in lumbar trunk. There was sensory loss to light touch and pinprick in the left lateral calf and bottom part of foot. She ambulates with a limp affecting her lower left extremity, deep tendon reflexes were +1 at the knees and ankles. There was down-going plantar reflex bilaterally. She exhibited 5/5 strength in bilateral lower extremities. A post-operative MRI revealed interval change with disc herniation at L4-L5 entrapping the L5 nerve root with left radicular symptoms. She is on Social Security disability and unable to work. The injured worker's treatments to date has included lumbar laminectomy and discectomy at L4-5 with percutaneous nucleotomy, use of a TENS unit, and medications such as OxyContin at 80mg BID, Oxycodone immediate release 30mg for breakthrough pain, Neurontin 800mg QID for neuropathic pain, and Zanaflex 6mg 2-3/day. A utilization review from April 23, 2014 modified the request for Oxycontin 60mg #60 to #45 to initiate the weaning process. The guidelines recommend that the total Morphine equivalent dosage not exceed 50mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg CR #60: Overturned

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since October 2013. The patient experienced 50% improvement in function and a reduction of pain from 9/10 to 4/10 with medication. Urine drug screen was likewise consistent with the prescribed medications as stated from progress report, dated 07/08/2014. Guideline criteria were met. The medical necessity has been established. Therefore, the request for 1 prescription of Oxycontin 60mg #60 is medically necessary.