

Case Number:	CM14-0062034		
Date Assigned:	07/11/2014	Date of Injury:	06/21/2000
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 50-year-old male with a reported date of injury on 06/21/2010. The mechanism of injury was reportedly caused by shoveling dirt while performing his duties as a construction worker. The injured worker presented with low back pain on both sides and into the buttocks, radiating into the feet with tingling and numbness. The injured worker had a history of 4 prior lumbar spine surgeries. The clinical documentation indicates that the injured worker has previously undergone transforaminal epidural injections, which gave him a 70% decrease in radicular pain and the ability to be more active in ADLs as well as to decrease his medications by 50%. Upon physical examination, the injured worker's lumbar spine presented with tenderness over the lower lumbar facet joints. The lumbar range of motion was limited due to pain and stiffness with a positive straight leg raise bilaterally. The injured worker's diagnoses included lumbosacral pain and thoracic or lumbosacral neuritis or radiculitis. The injured worker's medication regimen included OxyContin 80 mg every 8 hours, Voltaren gel, Prilosec and Norco. The Request for Authorization for OxyContin 80 mg #90 with 2 refills was submitted on 05/05/2014. The physician indicated that the injured worker has been utilizing OxyContin for years without an increase in dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone immediate release.

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opiates should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The guidelines also indicate that the lowest possible dose should be prescribed to improve pain and function. The clinical information provided for review indicates that the injured worker has utilized OxyContin prior to 10/12/2012. The clinical note dated 04/16/2014 indicates that the injured worker has been utilizing OxyContin for years without an increase in dosage. There is a lack of documentation related to the injured worker's functional deficits utilizing range of motion in degrees. In addition, there is a lack of documentation related to a VAS pain score. There is a lack of documentation of ongoing review of pain relief, functional status, appropriate medication use and side effects. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for OxyContin is not medically necessary.