

Case Number:	CM14-0062977		
Date Assigned:	07/11/2014	Date of Injury:	10/08/2002
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
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 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:

Based on the records provided, OxyContin 30 mg #30 was the treatment denied or modified. The original request was for 60, and it was modified to 30. the low back, and right ankle were injured. The diagnoses were lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. The claimant was injured in 2002, and was status post bilateral hemilaminectomy and neuro foraminotomy L5 and S1 root foraminal decompression and needle facetectomy in 2006, and is post open reduction internal fixation for an ankle fracture in 2008 and post removal of right ankle hardware in 2009. There is 7 out of 10 increasing low back pain with intermittent radiation to the legs. There was an antalgic gait with limited lumbar range of motion. The OxyContin was reduced as there is no mention of even partial relief of pain with opioids. The concern was for the condition known as opiate hyperalgesia. The aching pain in the back is unchanged since November 15, 2013 despite the medicine. She had two lumbar epidurals, and the responses to those are unknown in terms of objective benefit or Visual Analogue Pain Score reduction. The drug test was appropriately positive for Oxycodone from 4-26-12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Long/ Short acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage was appropriately not certified per MTUS guideline review. The request for Oxycontin 30 mg thirty count is not medically necessary or appropriate.