

Case Number:	CM14-0064769		
Date Assigned:	07/11/2014	Date of Injury:	06/26/1995
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/07/2014

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 injured worker is a 66-year-old female who was reportedly injured on June 26, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 28, 2014, indicated that there were ongoing complaints of low back and right lower extremity pains. Also noted were anxiety disorder and panic attacks. The physical examination demonstrated a well-nourished, well hydrated individual in no acute distress. An altered gait pattern was reported, and strength was noted to be 5/5. A positive Faber test was noted. A diagnostic imaging study objectified multiple level degenerative changes throughout the entire lumbar spine. The injured worker's previous treatments included multiple medications, acupuncture and pain management interventions. A request was made for OxyContin and was not medically necessary in the pre-authorization process on April 11, 2014. It was felt that there was an alteration in pain and mood secondary to the denial of the medications by previous reviewers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, use of this medication is for those individuals who are around-the-clock analgesia. However, there was no data presented to suggest that there was pathology. Furthermore, when noting the current clinical situation, there was no indication that this pain management has demonstrated any efficacy in terms of reducing the pain, increasing the functionality, and allowing for any improvement whatsoever. Given the amount of medication being prescribed and noting that the morphine equivalent dose is far greater than the 120 that is optimal, there simply was no clinical indication presented that would support the medical necessity for continuing this protocol. Therefore, as just stated the medication is not medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule,, use of this medication is for those individuals who are around-the-clock analgesia. However, there was no data presented to suggest that there is pathology. Furthermore, when noting the current clinical situation, there is no indication that this pain management has demonstrated any efficacy in terms of reducing the pain, increasing the functionality, and allowing for any improvement whatsoever. Given the amount of medication being prescribed and noting that the morphine equivalent dose is far greater than the 120 that is optimal, there simply is no clinical indication presented that would support the medical necessity for continuing this protocol. Therefore, as just stated the medication is not medically necessary.