

Case Number:	CM14-0068150		
Date Assigned:	07/11/2014	Date of Injury:	11/10/2006
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 11/10/2006. The mechanism of injury was not provided. On 04/04/2014, the injured worker presented with chronic low back pain. Upon examination of the lumbar spine, there was stiffness in the low back noted with spasms. There was tenderness to palpation over the paraspinals overlying the facet joints, and trigger points noted over the lower paraspinals with +1 muscle spasms noted. The diagnosis was lumbosacral radiculitis. Current medications included OxyContin. The provider recommended OxyContin and Roxicodone. The provider's rationale was not provided. The request for authorization form was dated 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 20mg 1 tablet by mouth at bedtime #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has complaints of increasing low back pain with the use of OxyContin. The provider stated that the OxyContin usage is considerably high. The morphine equivalency of the requested medications combined is greater than 120 mg daily guideline recommended morphine equivalency. There is a lack of evidence of increased function and decreased pain with the use of this medication. As such, the request is not medically necessary and appropriate.

Oxycontin ER 40mg, 1 tablet by mouth every 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has complaints of increasing low back pain with the use of OxyContin. The provider stated that the OxyContin usage is considerably high. The morphine equivalency of the requested medications combined is greater than 120 mg daily guideline recommended morphine equivalency. There is a lack of evidence of increased function and decreased pain with the use of this medication. As such, the request is not medically necessary and appropriate.

Roxicodone 15mg 1 tablet by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has complaints of increasing

low back pain with the use of OxyContin. The provider stated that the OxyContin usage is considerably high. The morphine equivalency of the requested medications combined is greater than 120 mg daily guideline recommended morphine equivalency. There is a lack of evidence of increased function and decreased pain with the use of this medication. As such, the request is not medically necessary and appropriate.

Oxycontin ER 20mg 1 tablet by mouth at bedtime #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has complaints of increasing low back pain with the use of OxyContin. The provider stated that the OxyContin usage is considerably high. The morphine equivalency of the requested medications combined is greater than 120 mg daily guideline recommended morphine equivalency. There is a lack of evidence of increased function and decreased pain with the use of this medication. As such, the request is not medically necessary and appropriate.