

Case Number:	CM14-0071339		
Date Assigned:	07/14/2014	Date of Injury:	09/25/2010
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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, has subspecialties in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 09/25/10 while working as a registered nurse when she bent over and had back pain radiating into the left lower extremity. Treatments included multiple epidural steroid injections and medications. She was evaluated for surgery and not considered a surgical candidate. She continues to be treated for back and radiating left leg pain. She has not returned to work. An MRI of the lumbar spine in October 2013 showed findings of a left lateralized L2-3 disc herniation. Previous testing had included a discogram showing an annular tear at L5-S1 which was no longer present. On 12/20/13 she was having ongoing back pain. She had recently been hospitalized with severe depression and suicidal ideation. She was taking Percocet 10/325 mg at twice the amount prescribed. Physical examination findings included left greater than right lumbosacral paraspinal muscle spasms with decreased range of motion. There were hand tremors attributed to her medications. Percocet was discontinued and OxyContin 20 mg #90 was prescribed. She was seen for a psychological AME on 01/22/14. She had been unable to return to work. She had crying spells and labile emotions and had thought of taking a medication overdose. Medications were Clonazepam, OxyContin, Ambien, Abilify, Pristiq, Topamax, Gabapentin, and Zanaflex. She was seen on 02/06/14 for a pain management evaluation. She was having pain rated at 8/10 and radiating into the left lower extremity. Her prior treatments were reviewed. Medications were Abilify 15 mg, clonazepam 1 mg, OxyContin 20 mg, Pristiq ER 100 mg, tizanidine 4 mg, topiramate 15 mg, and zolpidem 10 mg. Physical examination findings included decreased range of motion with pelvic compression test and left greater trochanteric bursa and sacroiliac tenderness. There was a positive left straight leg raise. Treatment options were discussed. An epidural steroid injection and consideration of a sacroiliac joint injection are referenced. She was seen on 03/03/14 with worsening pain. She was having

numbness in her legs. Physical examination findings included decreased lumbar spine range of motion with pain and a positive right straight leg raise. She had low back pain with left sided hip range of motion which was painful. Diagnoses included an annular tear at L4-5, anxiety, insomnia, depression, and chronic pain syndrome. Recommendations included a surgical evaluation and continued home exercise. She was continued at temporary total disability. Medications were refilled. She was seen on 04/08/14. Medications were OxyContin, Zanaflex, Ambien, Klonopin, Pristiq, and Abilify. Physical examination findings included bilateral lumbar paraspinal muscle and left sciatic notch tenderness. There was decreased lumbar spine range of motion with a positive left straight leg raise and decreased left lower extremity sensation. She was seen by the requesting provider on 04/10/14 with ongoing chronic pain radiating into the left lower extremity on the left side and right-sided pain radiating into her hip. She was having difficulty walking and moving. She was requesting a refill of medications. OxyContin 20 mg #90, Ambien 10 mg #30, and tizanidine 4 mg #90 were refilled. Urine drug screening was performed. She was seen on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for back pain radiating into the left lower extremity. She has taken OxyContin 20 mg #90 since 12/20/13. She has been hospitalized for suicidal ideation and there is reference to having considered taking a medication overdose. She has not returned to work, Criteria for discontinuing opioids include when there is no overall improvement in function or a decrease in functioning. In this case, there is reference to consideration of a medication overdose. The claimant has not returned to work and after starting OxyContin there has been no clinically significant improvement in activities of daily living or a reduction in work restrictions and no reduction in the dependency on continued medical treatment. The continued prescribing of OxyContin 20 mg #90 is not medically necessary.