

Case Number:	CM14-0071797		
Date Assigned:	07/16/2014	Date of Injury:	06/16/1991
Decision Date:	08/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 patient is a 55-year-old male who was injured on 06/16/1991. He is reported to have severe bilateral low back pain, sciatica and lower extremity neuropathic pain. He reported the medications, Lyrica and Neurontin, are not helpful to him. His exam revealed tenderness to palpation of the paraspinal muscles. He has been treated conservatively with epidural steroid injection. The medical records provided are not good copies and there are no other records/progress notes for review. Prior utilization review dated 04/30/2014 Oxycontin 20mg #120 is denied, as there is no documentation of maintained function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not recommend long-term use of this medication because there are risks of dependency. There is no

documentation of a maintained increase in function or decrease in pain with the use of this medication as recommended by the guidelines. The ODG guidelines do not support long-term utilization of this type of narcotic. Therefore, the Oxycontin is not medically necessary.