

Case Number:	CM14-0073129		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2004
Decision Date:	08/22/2014	UR Denial Date:	05/17/2014
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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 01/15/2004 secondary to an altercation. The injured worker was evaluated on 03/25/2014 for reports of low back pain. The exam noted tenderness to C2-7 with 4+ muscle spasms. Movement was painful and restricted. The bilateral arm pain was noted to be decreased at 2/5 to 3/5. Tenderness to the L spine with 4+ muscle spasm was noted. A positive straight leg raise was noted. Hypoesthesia was noted in the bilateral lower extremities. The diagnoses included upper back and lower back pain with underlying discogenic disease, recurrent intractable pain, status post anterior lumbar interbody fusion, status post C spine surgery, and loss of bladder control. The patient has had medial nerve branch blocks in the past. The treatment plan included OxyContin 10 mg twice a day and heat therapy. The Request for Authorization dated 04/01/2014 was in the documentation provided. The rationale dated 04/29/2014 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: MTUS Guidelines may recommend the use of opioids for the ongoing management of pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of clinical evidence in the documentation provided of an objective assessment of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not include the specific dosage, frequency being prescribed. Therefore, due to the significant lack of clinical evidence in the documentation provided of an evaluation for risk for aberrant drug use behaviors and the specific dosage, frequency not being provided in the request, the request for OxyContin 30 mg quantity 90 is not medically necessary.