

Case Number:	CM14-0074085		
Date Assigned:	07/16/2014	Date of Injury:	03/07/2010
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 records presented for review, indicate that this 65-year-old male reportedly injured on 3/7/2010. The mechanism of injury was noted as a fall. The most recent progress note, dated 2/25/2014, indicated that there were ongoing complaints of chronic low back pain that radiated down the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation along the lumbar paraspinal muscles and pain with facet loading and pain along the facets. Lumbar range of motion had flexion 30, extension 20, and lateral tilt 10 bilaterally. There was an antalgic gait and difficulty rising from a seated position. Diagnostic imaging studies included an EMG/NCV of bilateral lower extremities, dated 1/14/2013, which revealed chronic left L5 lumbar radiculopathy. Previous treatment included medications and conservative treatment. A request had been made for OxyContin 30 mg which was not certified in the pre-authorization process on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone Hydrochloride Controlled-Release) Tab 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 16-19, 74, 78-97, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: MTUS guidelines support long-acting opiates, like OxyContin, in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker suffers from chronic low back pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.