

Case Number:	CM14-0074446		
Date Assigned:	07/16/2014	Date of Injury:	07/01/2005
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/21/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for lumbar spondylosis and lumbar radiculopathy associated with an industrial injury date of July 1, 2005. Medical records from 2013-2014 were reviewed. The patient complained of worsening chronic low back pain. There was occasional shooting pain down both legs. She has difficulty walking. There was difficulty sitting, standing, and walking for prolonged periods. Physical examination showed spasm and tenderness on the lumbar paraspinal muscles. There was also noted tenderness in the facet joints. Facet loading reproduces low back pain. Straight leg raise test was positive bilaterally. Deep tendon reflexes at the knee are slightly diminished. Sensation to light touch was diminished in the L5 distribution. Imaging studies were not available. Treatment to date has included medications, physical therapy, aqua therapy, hand therapy, home exercise program, activity modification, cervical medial branch block, and right basal joint arthroplasty of the right hand. Utilization review, dated May 16, 2014, denied the request for Oxycontin 10mg because there was no clear documentation that establishes the need for a trial of opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking opioids (Norco) since at least October 24, 2013. She started taking Oxycontin since July 21, 2014. However, the patient was on another short acting opioid, Norco. It is unclear from the available records why this medication would be added. There is no discussion to support the need for additional use of another opioid. Furthermore, progress report dated July 21, 2014 state that Oxycontin 10mg twice a day with 10 tablets as trial has finally been approved. Therefore, the request for Oxycontin 10mg Qty: 10.00 are not medically necessary.