

Case Number:	CM14-0077183		
Date Assigned:	07/25/2014	Date of Injury:	03/02/2010
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 48 year old male was reportedly injured on 3/2/2010. The mechanism of injury is noted as a head and low back injury that occurred while riding a horse. The claimant underwent a lumbar laminectomy at L4/5 in the 1990's, followed by a lumbar fusion at L4/5 and L5/S1 on 10/19/2010. The most recent progress note available was dated 10/28/2013, and indicates that there are ongoing complaints of low back pain. Physical examination demonstrated guarded lumbar spine range of motion which produced localized pain and spasm: flexion 50 degrees, extension 10 degrees, and lateral flexion 12 to 13 degrees; positive Kemp's and straight leg raise tests bilaterally; and 4/5 strength in the lower extremities bilaterally. A CT scan of the lumbar spine dated 7/10/2013 showed a solid fusion at L4/5 and L5/S1 (per previous utilization review). Previous treatment includes physical therapy, facet joint injections, epidural steroid injections, spine fusion and medications to include Butrans Patch, Neurontin, and OxyContin 10 milligrams and 20 milligrams. A request was made for OxyContin 20 milligrams quantity 120 which was modified to allow for weaning in the utilization review on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg CR QTY 120. Days supply: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75, 78, 86 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is required. Management of opiate medications should include the lowest possible dose to improve pain and function, and ongoing documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain after an injury in 2010. However, there is no documentation of improvement in their pain or function with the current treatment regimen. Furthermore, he has been prescribed two long acting narcotics (Butrans patch and OxyContin), and the requested OxyContin quantity 120 is greater than a thirty day supply (OxyContin can be dosed once or twice a day per MTUS and Food and Drug Administration recommendations). This request is not considered medically necessary.