

Case Number:	CM14-0081924		
Date Assigned:	07/21/2014	Date of Injury:	05/01/2002
Decision Date:	09/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 57-year-old female who was reportedly injured on 5/1/2002. The mechanism of injury is noted as cumulative injury. The most recent progress note dated 6/25/2014. Indicates that there are ongoing complaints of chronic low back pain. The physical examination reveals lumbar spine: positive myofascial spasms mid and lower back bilaterally. Positive tenderness to palpation lumbar spine, positive tenderness to palpation sacroiliac joint, tenderness to palpation. piriformis muscle, positive myofascial spasms at quadratus lumborum. Positive Lasegue sign bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for OxyContin 80mg #90, Oxycodone 30mg #120 and was not certified in the pre-authorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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): 74, 78, 93 of 127.

Decision rationale: The injured worker is a 57-year-old female who was reportedly injured on 5/1/2002. The mechanism of injury is noted as cumulative injury. The most recent progress note dated 6/25/2014. Indicates that there are ongoing complaints of chronic low back pain. The physical examination reveals lumbar spine: positive myofascial spasms mid and lower back bilaterally. Positive tenderness to palpation lumbar spine, positive tenderness to palpation sacroiliac joint, tenderness to palpation. piriformis muscle, positive myofascial spasms at quadratus lumborum. Positive Lasegue sign bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for OxyContin 80mg #90, Oxycodone 30mg #120 and was not certified in the pre-authorization process on 5/9/2014.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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): 74, 78, 93 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. 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 pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.