

Case Number:	CM14-0095098		
Date Assigned:	07/21/2014	Date of Injury:	03/14/2000
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 69-year-old female was reportedly injured on March 14, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated May 9, 2014, indicated there were ongoing complaints of low back and right lower extremity pains. The physical examination demonstrated tenderness to palpation, muscle spasm and a decrease in lumbar spine range of motion. A previous examination noted changes consistent with radiculopathy in the L4-L5 and L5-S1 dermatomes. Reproducible pain was noted. Diagnostic imaging studies objectified significant amounts of bone density and degenerative joint disease in the lumbar spine. Previous treatment included comprehensive multidisciplinary pain program, lumbar surgery (2004) multiple pain interventions, multiple medications, physical therapy and other conservative interventions. A request was made for multiple narcotic medications and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20 MG, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: When considering the date of injury, the injury sustained, the most current clinical evaluation presented for review and by the parameters outlined in the MTUS, there was insufficient clinical evidence presented that would support the need for continuous around-the-clock analgesia. This individual was going through disease of life, gender changes and a surgically treated lumbar spine injury. However, there was no noted efficacy or utility or amelioration of the pain with the utilization of this medication. Additionally, there was no indication of any increased functionality, improvement in the overall clinical situation. As such, there was insufficient clinical information presented to support any medical necessity for the ongoing use of this medication.

OXYCODONE IR 5 MG, # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: This is a lady who has been taken narcotic medications for a number of years. The pain levels were constant over the last many months, and there was no noted improvement, efficacy, increase functionality associated with the utilization of medication. It was also noted that many providers suggested that the potent narcotic be prescribed or be discontinued. Therefore, when taking the consideration the parameters noted in the MTUS, and there was no noted efficacy, and that this medication was limited for short-term management of moderate to severe breakthrough pain, there was insufficient clinical evidence presented to support this request. This is not medically necessary.