

Case Number:	CM14-0097053		
Date Assigned:	09/23/2014	Date of Injury:	05/01/2002
Decision Date:	10/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old male with a reported date of injury on 05/01/2002. The mechanism of injury occurred while pushing a heavy object. The injured worker's diagnoses included chronic pain, lumbar degenerative disc disease, lumbar radiculopathy, and failed back syndrome. The past treatments included pain medication and physical therapy. There was no diagnostic imaging provided in the records. There was no relevant surgical history noted in the records. The subjective complaints on 05/21/2014 included low back pain that radiates down the right side of his back and buttocks. Pain is rated 5/10 to 6/10. The physical exam findings were antalgic gait, the patient uses a single point cane. Myofascial tenderness in the lumbosacral area, right sided. Decreased range of motion to the lumbar spine and increased pain with flexion and extension. The medications included fentanyl 15 mcg patches, Oxycodone 30 mg, Oxycodone 60mg, Oxycodone 80 mg, Topamax 50 mg, and Clonidine 0.1 mg. The treatment plan was to continue and refill medication. A request was received for Oxycontin 80 mg 14 day supply. The rationale for the request was to relieve pain. The Request for Authorization form was dated 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg 14 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): page(s) 78.

Decision rationale: The request for Oxycontin 80 mg 14 day supply is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-aberrant drug related behaviors. The injured worker has chronic pain. The notes indicate that the injured worker has been on Oxycontin since at least 01/20/2014. There is not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore, there was no drug screen submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.