

Case Number:	CM14-0103626		
Date Assigned:	07/30/2014	Date of Injury:	05/06/2009
Decision Date:	02/25/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 37 year old male who was injured on 5/6/2009 involving his lower back while lifting a bag of potatoes. He was diagnosed with lumbar strain/sprain, sacroiliac joint pain, and lumbar facet joint pain. He was treated with lumbar facet joint block and neurotomy and various medications (including more recently Oxycontin 40 mg TID). On 5/20/14 (most recent progress note provided with date prior to the request), the worker was seen by his primary treating physician reporting persistent low back pain. He reported using his last dose of OxyContin that same day, reporting a pain level of 5/10 on the pain scale. He reported using the OxyContin 40 mg three times daily. Physical examination revealed tenderness of the lumbar area, positive sacroiliac provocative maneuvers, and restricted lumbar range of motion. The provider mentioned that they were still awaiting a response from an appeal for the denial of the worker's OxyContin from 2/4/14. It was reported that his use of OxyContin lowered his pain level by 40% with an associated allowance of him to perform his activities of daily living such as self-care and dressing. It was reported that he had an up-to-date pain contract and exhibited no aberrant behaviors with the use of the medication. The worker then refused to provide a urine sample for a drug screening and did not want a prescription for his OxyContin that month. Later, on 6/17/14, a request for OxyContin was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was sufficient documented evidence found in the notes available for review for functional and pain reducing benefits with the use of OxyContin to recommend continuation. Therefore, the OxyContin will be considered medically necessary.