

Case Number:	CM14-0186867		
Date Assigned:	11/14/2014	Date of Injury:	03/30/2009
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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:

This is a male patient with a date of injury of March 30, 2009. A utilization review determination dated October 15, 2014 recommends non-certification of OxyContin 20 mg #180 tabs and oxycodone HCl 15mg #180 tabs. A progress note dated October 6, 2014 identifies subjective complaints of back pain radiating from low back down the left leg. The patient's pain level is unchanged since his last visit, no report of change in location of pain, no new problems, no new side effects, quality of sleep is fair, he denies any new injury since the last visit, and activity level has remained the same. The patient reports that he is taking his medications as prescribed; he states that the medications are working well, and no side effects are reported. The physical examination of the lumbar spine reveals a well-healed vertical surgical scar to the low back, tenderness to palpation of bilateral paravertebral muscles, positive lumbar facet loading on both sides, and straight leg raise is negative. There is tenderness over the SI joint, Gaenslen's test is positive, and FABER test is positive. The diagnoses include lumbar radiculopathy and lumbar spine degenerative disc disease. The treatment plan recommends continuation of physical therapy, and refills for the following medications: oxycodone HCl 15 mg #180, Valium 10 mg #30, Robaxin 500 mg #90, Docusate sodium 250 mg #60, Amitiza 24 g #60, and OxyContin 20 mg #180. There is documentation that the patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability of completing activities of daily living that include self-care and household tasks with the medications. The patient denies any new adverse effects from the medications. The patient currently does not exhibit any adverse behavior to indicate addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 Mg 180 Tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Therapeutic Trial of Opioids Page(s):.

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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER) 20mg #180 tabs, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Oxycontin (oxycodone ER) 20mg #180 tabs is medically necessary.

Oxycodone HCL 15Mg 180 Tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Therapeutic Trial of Opioids Page(s):.

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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for oxycodone HCL 15mg #180 tabs, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested oxycodone HCL 15mg #180 tabs is medically necessary.