

Case Number:	CM14-0188043		
Date Assigned:	11/18/2014	Date of Injury:	11/19/2001
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 Orthopedic Surgery, and is licensed to practice in Georgia & South Carolina. 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 53-year-old female smoker who reported an injury on 11/19/2001 after falling 30 feet from a telephone pole. On 09/24/2014, her diagnoses included pain in joint/lower leg, depression with anxiety, foot pain, lumbar radiculopathy, and hip bursitis. On 10/14/2014, she underwent an L2-3 and L3-4 laminectomy and decompression with bilateral medial facetectomy, nerve root release, and arthrodesis with bone graft. On 10/21/2014, a 7 day stay in a skilled nursing facility was requested for postsurgical rehabilitation. Her medications included Butrans patch 10 mcg per hour, Omeprazole 40 mg, Amlodipine 10 mg, Atorvastatin 20 mg, Gabapentin 600 mg, Metoprolol 50 mg, Oxycodone 15 mg, OxyContin 10 mg, Flexeril 10 mg, and Colace 100 mg. There was no documentation submitted subsequent to 10/21/2014. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: 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 Page(s): 74-95.

Decision rationale: The request for OxyContin 10mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects or quantified efficacy of this medication. Additionally, there was no frequency specified in the request. Since this injured worker is using more than 1 opioid medication, without the frequency, the morphine equivalency dosage cannot be calculated. Therefore, this request for OxyContin 10mg #60 is not medically necessary.

Butrans patches 10mcg #4: 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 Page(s): 74-95.

Decision rationale: The request for Butrans patches 10mcg #4 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects or quantified efficacy of this medication. Additionally, there was no frequency specified in the request. Since this injured worker is using more than 1 opioid medication, without the frequency, the morphine equivalency dosage cannot be calculated. Therefore, this request for Butrans patches 10mcg #4 is not medically necessary.

Oxycodone 15mg #180: 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 Page(s): 74-95.

Decision rationale: The request for Oxycodone 15mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects or quantified efficacy of this medication.

Additionally, there was no frequency specified in the request. Since this injured worker is using more than 1 opioid medication, without the frequency, the morphine equivalency dosage cannot be calculated. Therefore, this request for Oxycodone 15mg #180 is not medically necessary.