

Case Number:	CM14-0190511		
Date Assigned:	11/24/2014	Date of Injury:	12/24/1991
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 75-year-old male who has submitted a claim for chronic lumbar laminectomy pain syndrome and chronic neck pain associated with an industrial injury date of 12/24/1991. Medical records from 2014 were reviewed. The patient complained of persistent low back pain. Examination of the lumbar spine showed taut bands over the right lower iliolumbar area. CURES report from 10/7/2014 showed results consistent with prescription medications. Treatment to date has included spinal cord stimulator, physical therapy, Oxycontin (since at least March 2014), Oxycodone, Roxicet, Actos, Celebrex, Aciplex, Lasardan, Uroxatral and Byetta. The utilization review from 10/28/2014 modified the request for Oxycontin 60mg #120 into #45 because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Oxycontin since at least March 2014. CURES report from 10/7/2014 showed consistent result with prescription medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 60mg #120 is not medically necessary.