

Case Number:	CM14-0190957		
Date Assigned:	11/24/2014	Date of Injury:	02/14/1998
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 02/14/1998. The mechanism of injury was unspecified. His diagnoses included post lumbar/cervical laminectomy syndrome, cervical arthritis/ spondylosis, and lumbosacral spondylosis. His past treatments included medications and epidural steroid injections. On 11/24/2014, the injured worker complained of persistent low back pain radiating to the right buttock and posterior right thigh. The physical examination revealed myofascial spasms to the mid lower back. The office note on 11/24/2014 is somewhat illegible to read. His medications included OxyContin 80mg, Dilaudid 8mg, Remeron 50mg, Soma 350mg, Ambien 10mg, Lidoderm 5%, Neurontin 600mg, Valium 10mg, Catapres, Nortriptyline 25mg, and Diclofenac 100mg. The treatment plan included a prescription of OxyContin 80mg #225. A rationale was not provided. The Request for Authorization form was received on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of OxyContin 80mg #225: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for 1 prescription of OxyContin 80mg #225 is not medically necessary. According to the California MTUS Guidelines, opioids need ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate potentially aberrant drug related behaviors. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker was indicated to have been on OxyContin since at least 06/04/2014. The urine drug screen performed on 09/02/2014 was positive for opioids. However, the documentation failed to provide a current pain assessment, functional status, appropriate medication use, side effects and any potential aberrant drug-related behaviors. In the absence of the required documentation for ongoing monitoring, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.