

Case Number:	CM14-0194991		
Date Assigned:	12/02/2014	Date of Injury:	06/28/1993
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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:

Injured worker with reported date of injury on 6/28/1993. Injured worker has a diagnosis of lumbago, osteoarthritis, peripheral neuropathy and depressive disorder. Injured worker had prior back surgery. Medical reports reviewed. Last report available until 11/4/14. Injured worker complains of low back pain radiates to both legs especially left. Legs give out causing falls. Pain is uncontrolled with pain medications at 8/10 pain. Objective exam reveals injured worker "bent over in pain", diffuse bilateral SI, paraspinal, and midline tenderness. Limited range of motion. Spasms. Straight leg positive bilaterally. Urine drug screen (no date) was "ok" (no report was provided). Records from 2012 show prior issues with opiates with inability to be weaned from opioids or to tolerate a detox program. No medication list was provided. It is noted that injured worker is taking OTC alive and is prescribed Prozac and Oxycontin. Last medication list was from 6/30/14 which listed Oxycontin, Ambien, Prozac, Lasix, Dalmane, Nortriptyline and Neurontin. Independent Medical Review is for Oxycontin 40mg #60 (report shows that it was 80mg 2 times a day). Prior UR shows that prior prescriptions have been for 40mg twice a day on URs dated 8/25/14 and 9/30/14. Prior UR on 10/31/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Oxycontin extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. Documentation fails all components to recommend continued opioid therapy. Patient has no reported benefit from Oxycontin with continued claims of severe pains. There is no reported improvement in pain or function. The provider has failed to document appropriate monitoring of side effects and aberrant behavior except for an "ok" drug screen. Continued Oxycontin is not medically necessary.