

Case Number:	CM14-0195670		
Date Assigned:	12/03/2014	Date of Injury:	03/26/2010
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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:

According to the records made available for review, this is a 28-year-old female with a 3/26/10 date of injury. At the time (8/20/14) of request for authorization for retrospective (DOS 8/11/14) 75 Oxycontin 20mg and retrospective (DOS 8/11/14) 90 Percocet 10mg, there is documentation of subjective (severe right low back pain associated with tingling in the right foot) and objective (tenderness over the low back and right hip area, decreased lumbar spine range of motion, and 1+ left ankle reflex) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy, low back pain, disorder of back, and hip pain), and treatment to date (medications (including ongoing treatment with Oxycontin and Percocet)). Medical report identifies that there is an ongoing pain management agreement. Regarding retrospective (DOS 8/11/14) 75 Oxycontin 20mg, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycontin use to date. Regarding retrospective (DOS 8/11/14) 90 Percocet 10mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 8/11/14) 75 Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc without myelopathy, low back pain, disorder of back, and hip pain. In addition, given documentation that there is ongoing pain management agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, given documentation of ongoing treatment with Oxycontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective (DOS 8/11/14) 75 Oxycontin 20mg is not medically necessary.

Retrospective (DOS 8/11/14) 90 Percocet 10mg: 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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc without myelopathy, low back pain, disorder of back, and hip pain. In addition, given documentation that there is ongoing pain management agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Percocet, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective (DOS 8/11/14) 90 Percocet 10mg is not medically necessary.