

Case Number:	CM14-0204432		
Date Assigned:	12/16/2014	Date of Injury:	04/09/2003
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 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:

48 yr. old female claimant sustained a work injury on 4/9/03 involving the low back. She was diagnosed with lumbar disc disease and spondylosis. A progress note on 6/6/14 indicated the claimant had chronic back pain radiating to the legs. Her medications included Norco, Oxycontin, Tizanidine, Lyrica and Fioricet for pain. Exam findings were notable for painful decreased range of motion and a positive straight leg raise test on the right side. A recent progress note on 11/6/14 indicated 8/10 pain in the low back. Exam findings were notable for painful range of motion again with improved sensation and a negative straight leg raise. The claimant remained on Norco 80 mg daily and Oxycontin 40 mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (Oxycodone Hydrochloride Controlled-Release) Tab 40mg: 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): 82-92.

Decision rationale: According to the guidelines, the recommended maximum morphine equivalent daily dose is 120 mg. In this case, the claimant's pain did not improve despite several

months use of opioids. The claimant's combined dose of OxyContin and Norco exceed the daily morphine equivalent maximum. Opioids are not first line medications for compressive or mechanical etiologies. There is no indication of Tylenol or non-steroidal anti-inflammatory drug (NSAID) failure. The request of OxyContin is not medically necessary.