

Case Number:	CM14-0069888		
Date Assigned:	09/03/2014	Date of Injury:	08/31/2001
Decision Date:	06/10/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 a 47 year old male, who sustained an industrial injury on August 31, 2001. He reported low back pain. The injured worker was diagnosed as having chronic low back pain status post multiple low back surgeries and post-operative wound infection. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the low back, spinal cord stimulator placement, physical therapy, aqua therapy, medications and work restrictions. Currently, the injured worker complains of chronic low back pain with associated sleep disruptions, depression and anxiety. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 5, 2015, revealed continued pain that has been present for 15 years. Pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with opioid usage and thus is not medically necessary