

Case Number:	CM15-0100974		
Date Assigned:	06/03/2015	Date of Injury:	02/05/2008
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 2/05/2008. Diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included surgical intervention to the lumbar spine, physical therapy, diagnostic testing, caudal epidural steroid injections and medications including Oxycontin. Per the Pain Medicine Reevaluation dated 4/13/2015, the injured worker reported increased pain since the last visit. He has been utilizing pain medications as needed. He reports pain to his lumbar spine radiating into both lower extremities, worse on the left. Pain is rated as 9/10 without medications and 4/10 with medications. Physical examination of the lumbar spine revealed well healed surgical scarring over the midline. There was tenderness to palpation over the paraspinal musculature and spinous processes. Range of motion of the lumbar spine was limited. Straight leg raise testing was positive at 70 degrees. The plan of care included medications and authorization was requested for Oxycontin 20mg #90 and reevaluation. Notes indicate that the medicine allows the patient to perform activities of daily living and that a patient activity report from the Department of Justice shows no unusual activity. He is encouraged to continue a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects, and the patient is noted to undergo monitoring. In light of the above, the currently requested Oxycontin is medically necessary.