MAXIMUS Federal Services

Case Number:	CM15-0106818		
Date Assigned:	06/11/2015	Date of Injury:	10/25/2002
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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

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 59 year old male injured worker suffered an industrial injury on 10/25/2002. The diagnoses included lumbar fusion and right sacroiliac joint pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with spinal surgery and medications. On 4/1/2015 the treating provider reported low back pain with right hip and buttock pain with radiation to the knee and tingling in both thighs. He had issues with instability in the right thigh and used a cane to prevent falls. While using the cane for mobility he reported it put a lot of pressure on the firth hand causing pain, numbness and tingling. The pain averages 5 to 6/10 but without medications the pain was 9/10. On exam, there was mild burning on range of motion to the lumbar spine with tender right sacroiliac joint. The treatment plan included Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg Qty 90: 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) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2002 without acute flare, new injury, or progressive deterioration. The Oxycontin 30 mg Qty 90 is not medically necessary and appropriate.