

Case Number:	CM15-0131925		
Date Assigned:	07/20/2015	Date of Injury:	04/20/1998
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 72 year old female who sustained an industrial injury on 04/20/1998. Current diagnoses include lumbar post laminectomy syndrome, myalgia and myositis, spasm of muscle, and chronic pain syndrome. Previous treatments included medications, surgical interventions, stretching, and ice therapy. Initial injuries occurred after standing up from a bending position causing back and leg pain. Report dated 05/26/2015 noted that the injured worker presented with complaints that included low back pain. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive for painful sacroiliac joint, positive Faber and straight leg raise, limping, tenderness in the piriformis, pain in the buttocks and greater trochanter, and decreased range of motion in the lumbar spine with pain. The treatment plan included prescribing bisocodyl, OxyContin, and Percocet. Disputed treatments include Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 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 Functional improvement, Opioids section Page(s): 1, 76-94.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications. Therefore, the request for Oxycontin 40 MG Qty 90 is not medically necessary.