

Case Number:	CM15-0162775		
Date Assigned:	08/31/2015	Date of Injury:	12/02/2009
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 51-year-old male, with a reported date of injury of 12-02-2009. The mechanism of injury was the result of pulling racks and the straining of his back. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include pseudoarthrosis at L5-S1, chronic pain due to injury, chronic back pain, post-laminectomy syndrome, and chronic medication use. Treatments and evaluation to date have included physical therapy, lumbar epidural steroid injection, acupuncture, oral medications, and lumbar spine fusion on 01-15-2013. The diagnostic studies to date have included x-ray of the lumbar spine on 12-17-2014 which showed stable fusion of the spine at L5-S1; and x-ray of the lumbar spine on 09-18-2014 which showed solid fusion of the spine at L5-S1. The progress report dated 07/31/2015 indicates that the injured worker complained of bilateral low back pain, which was rated 6-7 out of 10, and more at 7-8 out of 10 at times. He also complained of bilateral thigh pain posteriorly, rated 7-8 out of 10. It was noted that a urine drug screen was performed on 05-09-2015 with consistent findings. The objective findings include no scoliosis, flexion at 25 degrees, extension at 10 degrees, lateral flexion at 10 degrees, moderate stiffness with rotation and extension, deep tenderness at the bilateral lumbosacral-iliac junctions, tenderness along the bilateral paralumbar, tightness with trigger points at the left gluteus, piriformis, and other upper hip muscle groups, full motor of the lower extremity, negative bilateral straight leg raise test, except for low back pain, hamstring tightness, hip muscle pain, and normal sensation in both legs. The treatment plan included the continuation of Oxycontin 30mg every 12 hours and Oxycodone IR 30mg every four hours. The plan also included the taper off of Oxycodone 15 per

month starting the following month. The injured worker's work and disability status was not indicated. The treating physician requested Oxycontin 30mg #60 and Oxycodone IR 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycontin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycontin 30 mg #60 is not medically necessary.

Oxycodone IR 30 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone IR 30 mg #180 is not medically necessary.