

Case Number:	CM15-0168740		
Date Assigned:	09/09/2015	Date of Injury:	08/19/1996
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50-year-old male, who sustained an industrial injury on 08-19-1996. He has reported injury to the low back. The diagnoses have included history of low back pain; lumbar degenerative disc disease; closed fracture of unspecified part of vertebral column without mention of spinal cord injury. Treatment to date has included medications, diagnostics, moist heat, and home exercise program. Medications have included Oxycodone, Oxycontin, and Cymbalta. A progress report from the treating physician, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; the pain is described as sharp, pressure, and stabbing; the current medication decreases his pain from 10 out of 10 in intensity to 4 out of 10 in intensity; and the medication helps him to perform activities of daily living, as well as his sleep. Objective findings included no acute distress; decreased sensation at L V3; and deep tendon reflexes in the upper and lower extremities are normal bilaterally. The treatment plan has included the request for 1 prescription for Oxycontin 40mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycontin 40mg #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, criteria for use, Opioids, indicators for addiction.

Decision rationale: 1 prescription for Oxycontin 40mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation reveals that the patient has been on long term opioids at levels that exceed the 120mg oral morphine equivalents per day without significant evidence of objective functional improvement therefore the request for continued Oxycontin is not medically necessary.