

Case Number:	CM15-0191626		
Date Assigned:	10/05/2015	Date of Injury:	07/20/2014
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old male, who sustained an industrial injury on July 20, 2014, incurring lower back injuries. He was diagnosed with lumbar strain, lumbar radiculopathy, and lumbosacral degenerative disc disease and lumbar disc protrusions. Treatments included pain medications, neuropathic medications, muscle relaxants, physical therapy, acupuncture, chiropractic sessions, and activity restrictions. He noted lumbar epidural steroid injection increased his lower back pain. Currently, the injured worker complained of persistent lower back pain radiating into the bilateral lower extremities associated with numbness and weakness extending into his feet. He had increased muscle spasms and noted his pain greatly affected his functionality and quality of life. The injured worker noted OxyContin, as a stronger pain medication, ordered on the day of his injury, helped alleviate his low back pain better. On October 5, 2014, a lumbar Magnetic Resonance Imaging revealed lumbar disc herniation with spinal canal stenosis and facet hypertrophy and disc desiccation. The treatment plan that was requested for authorization on September 29, 2015, included a prescription for Oxycontin 20 mg #60. On September 15, 2015, a request for a prescription of Oxycontin was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/1/15. Therefore the determination is for non-certification. The request is not medically necessary.