

Case Number:	CM15-0192633		
Date Assigned:	10/06/2015	Date of Injury:	05/15/2004
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency 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 69 year old female, who sustained an industrial injury on 05-15-2004. She has reported injury to the low back. The diagnoses have included low back pain; lumbar disc protrusion; lumbosacral radiculitis; and post laminectomy syndrome. Treatment to date has included medications, diagnostics, ice, physical therapy, sacroiliac joint injection, lumbar epidural steroid injection, and surgical intervention. Medications have included Oxycontin, Percocet, Gabapentin, Trazodone, Restoril, and Omeprazole. A progress report from the treating provider, dated 08-24-2015, documented an evaluation with the injured worker. The injured worker reported that she received an injection about a week ago and has not received much benefit from it; she is continuing to have quite a bit of low back and lower extremity pain; she will be following up with anesthesiology and pain management in about a week; she will be following up with her spine surgeon in about two weeks; she is really struggling with pain control; and she feels like she is mostly confined to her house as the pain issues are too significant to do much else. Objective findings included she is in mild discomfort; she is able to go from sit to stand independently, but with some discomfort; she does show a slightly antalgic gait pattern; range of motion of the lumbar spine is reduced secondary to discomfort; and sitting and supine straight leg raises show some low back pain and some mild lower extremity pain. The treatment plan has included the request for Oxycontin CR 30mg, #90. The original utilization review, dated 09-30-2015, non-certified the request for Oxycontin CR 30mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 30mg, #90: Upheld

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

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

Decision rationale: The requested Oxycontin CR 30mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and lower extremity pain; she will be following up with anesthesiology and pain management in about a week; she will be following up with her spine surgeon in about two weeks; she is really struggling with pain control; and she feels like she is mostly confined to her house as the pain issues are too significant to do much else. Objective findings included she is in mild discomfort; she is able to go from sit to stand independently, but with some discomfort; she does show a slightly antalgic gait pattern; range of motion of the lumbar spine is reduced secondary to discomfort; and sitting and supine straight leg raises show some low back pain and some mild lower extremity pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin CR 30mg, #90 is not medically necessary.