

Case Number:	CM15-0196104		
Date Assigned:	10/09/2015	Date of Injury:	04/26/2011
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 04-26-2011. A review of the medical records indicated that the injured worker is undergoing treatment for chronic degenerative lumbar spondylosis, chronic right L5 radiculopathy, myofascial pain syndrome and insomnia. The injured worker is status post lumbar spinal surgery in 2011. According to the treating physician's progress report on 09-10-2015, the injured worker continues to experience severe low back pain radiating to both legs, right side greater than left and rated at 8 out of 10 on the pain scale. Lumbar range of motion was noted as forward flexion at 60 degrees, extension at 15 degrees with muscle spasm in the lumbar paraspinal and gluteus muscles. Straight leg raise was positive on the right and worse with dorsiflexion of the right foot. Muscle atrophy of the right hamstring was noted. The injured worker ambulates with a cane. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medications were listed as Percocet 10mg-325mg, Methadone 10mg and Seroquel. Urine drug screening collected on 03-13-2015 and 09-11-2015 was positive for THC metabolites. Treatment plan consists of continuing home exercise program with stretching, strengthening and daily walks, cognitive behavioral therapy (CBT) evaluation and treatment and the current request for OxyContin 60mg 1-2 tabs every 6 hours QTY: 120. On 09-28-2015 the Utilization Review determined the request for OxyContin 60mg 1-2 tabs every 6 hours #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg 1-2 tabs every 6 hours QTY: 120: Upheld

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

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

Decision rationale: According to the guidelines, Oxycontin is not indicated as first line for mechanical pain. No one opioid is superior to another. The claimant had been on Percocet and Methadone for several months. There was no indication of opioid detoxification or addiction history. The claimant had persistent pain despite long-term opioid use. The combined dose of all opioids including Oxycontin alone exceeds the 120 mg of Morphine equivalent recommended daily. The use of Oxycontin as prescribed is not medically necessary.