

Case Number:	CM15-0200066		
Date Assigned:	10/15/2015	Date of Injury:	12/23/1996
Decision Date:	12/04/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/12/2015

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, Oregon, Washington
 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 44 year old male, who sustained an industrial injury on 12-23-1996. The injured worker is undergoing treatment for: post lumbar laminectomy syndrome and lumbosacral radiculitis. On 7-6-15, 8-6-15, he reported low back pain with radiation into the left lower extremity to the calf and big toe. His pain level is reported as slight to moderate. He indicated his pain was worsened with escalating activities of daily living. He also reported muscle spasms in the low back. Physical examination revealed well-healed surgery incisions of the low back, tenderness and hypertonicity in the lumbar spine, decreased lumbar range of motion, and ambulation without assistance. The provider discussed transitioning the injured worker from Oxycontin to Levorphanol in the near future. There is no discussion of pain reduction with Oxycontin. The treatment and diagnostic testing to date has included: lumbar surgery (February 1997, February 1998, and May 2002), opioid agreement, blood testing (5-13-15). Medications have included: Miralax, Motrin, OxyContin, and Provigil. The records indicate he has been utilizing OxyContin since at least February 2015, possibly longer. Current work status: noted to be per QME. The request for authorization is for: OxyContin 40mg quantity 200. The UR dated 9-9-15: modified the request for OxyContin 40mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #200: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 92 states that oxycontin tablets are not intended for use as a prn/ "as needed" analgesic. It is indicated for management of moderate to severe pain, where around the clock analgesic for extended period of time is needed. There is insufficient evidence from the records of 8/6/15 that there is anticipated moderate to severe pain, which will require the degree of analgesic effect provided by Oxycontin. Therefore, the request is not medically necessary and the determination is for non- certification.