

Case Number:	CM15-0209373		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2006
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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, Texas

Certification(s)/Specialty: Internal 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 48 year old male who sustained an industrial injury on 2-27-06. He is temporarily totally disabled. The medical records indicate that the injured worker was being treated for lumbar disc herniation with associated facet joint hypertrophy; herniated nucleus pulposus at L4-5 and L5-S1 with central foraminal stenosis; left lower extremity radiculopathy; depression; anxiety; 3 level positive provocative discography; medication induces gastritis; right lateral epicondylitis. He currently (9-8-15) complains of radicular type pain in the right lower extremity. "His medication regimen offers 28-30% pain relief and enables him to function throughout the day as best as he can". On physical exam of the lumbar spine, there was tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points which were palpable and tender, decreased range of motion with muscle guarding. The 4-1-15 note indicates that the injured worker gets good benefit and increased function with LidoPro ointment. His pain level on 2-28-14 was 8 out of 10, more recent pain levels were not enumerated. Treatments to date include physical therapy; trial of lumbar spinal cord stimulator (10-21-10) with a 50% to 60% decrease in pain; trial of intrathecal Morphine pump (8-7-14) with excellent results; medications: OxyContin (on since at least 1-7-14), Roxicodone, Norco, Neurontin, Prilosec, Prozac, Soma, Lidoderm, Xanax. The request for authorization dated 7-1-15 was for OxyContin 60mg #60. On 9-23-15 Utilization Review non-certified the request for OxyContin 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg 1 PO BID #60: Upheld

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

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.