

Case Number:	CM15-0209374		
Date Assigned:	10/28/2015	Date of Injury:	08/31/2000
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old male who sustained an industrial injury on 8-31-00. A review of the medical records indicates he is undergoing treatment for post-laminectomy syndrome with increased pain and multiple other non-work-related complaints. Medical records (9-24-15) indicate complaints of low back and lower extremity pain. He states that his pain is "out of control". The physical exam (4-9-15, 7-30-15, 8-27-15, and 9-24-15) indicate that the physical exam is "unchanged". Diagnostic studies have included urine toxicology screens. The urine toxicology screens (5-7-15, 6-8-15, 7-30-15, 8-27-15) have shown inconsistencies with prescribed medications, as well as the presence of THC. Treatment has included medications of Zohydro and Lyrica per the progress records. The injured worker is noted to have argued "aggressively, loudly, and vehemently" with the treating provider that it is the provider's "responsibility to control his pain". The provider states reluctance in agreement to change from Zohydro to OxyContin. The treating provider indicates that "urine drug screen is consistent at this point". The utilization review (10-6-15) includes a request for authorization of OxyContin 30mg #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #60: 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, criteria for use.

Decision rationale: This 56 year old male has complained of low back pain since date of injury 8/31/2000. He has been treated with surgery, physical therapy and medications to include opioids since at least 05/2015. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.