

Case Number:	CM15-0020529		
Date Assigned:	02/10/2015	Date of Injury:	11/18/2004
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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 was a 43 year old male, who sustained an industrial injury, November 18, 2014. According to progress note of December 23, 2014, the injured workers chief complaint was lower back pain and spasms. The symptoms were well controlled with medication, however since modification in medications, having trouble managing the pain. The injured workers pain level was 5-6 out of 10 with pain medication; 0 being no pain and 10 being the worse. The OxyContin lasts 4-6 hours increasing the injured workers functional abilities during the day. Flexeril helps with the spasms and sleeping at night. The injured worker was unable to take Lyrica and Neurontin due to sedation. The injured worker was diagnosed with fusion of L4-L5 and L5-S1 with a 2.7mm disc protrusion and L3-L4 with bilateral foraminal stenosis, electrodiagnostic studies which showed L3 radiculopathy, incontinence, postlaminectomy syndrome, bilateral lower extremity radiculopathy, L3-L4 facet hypertrophy and arthropathy, cervical spine myofasciitis injury and reactionary depression/anxiety. The injured worker previously received the following treatments MRI of the lumbar spine October 30, 2014, electrodiagnostic studies of the lower extremities, laboratory studies and radiofrequency thermocoagulation of lumbar facets medical branch nerves at the right and left L2, L3 on July 3, 2014. On December 23, 2014, the primary treating physician requested authorization for prescriptions for Oxycontin 20mg #70 and Retro Ultracet 37.05/325mg #60 dispensed on December 23, 2014. On January 8, 2015, the Utilization Review denied authorization for prescriptions for Oxycontin 20mg #70 and Retro Ultracet 37.05/325mg #60 dispensed on December 23, 2014. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long acting opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old male has complained of low back pain since date of injury 11/18/14. He has been treated with lumbar spine surgery, physical therapy, radiofrequency thermocoagulation and medications to include opioids for at least 2 months duration. 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.

Retrospective request for Ultracet 37.5/325mg #60 (DOS: 12/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long acting opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old male has complained of low back pain since date of injury 11/18/14. He has been treated with lumbar spine surgery, physical therapy, radiofrequency thermocoagulation and medications to include opioids for at least 2 months duration. The current request is for Ultracet. 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, Ultracet is not indicated as medically necessary.