

Case Number:	CM15-0021288		
Date Assigned:	02/10/2015	Date of Injury:	02/23/1991
Decision Date:	11/19/2015	UR Denial Date:	01/28/2015
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: California, North Carolina

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 64 year old male, who sustained an industrial injury on 2-23-91. He is diagnosed with post lumbar laminectomy syndrome and chronic pain syndrome. A note dated 1-20-15 reveals the injured worker presented with complaints of bilateral low back pain that radiates into the left lower extremity described as burning, throbbing and tingling and is rated at 3-10 out of 10. He reports numbness and tingling in the left lower extremity. He also reports sleep disturbance due to the pain. The pain is increased by driving and sitting and decreased by medication and walking. A physical examination dated 1-20-15 revealed "posture-LLD; normal posture", pain behaviors are within the expected context of the disease. Treatment to date has included surgical intervention x4 to the low back, home exercise program, swimming and walking, medications; Flector patch, Oxy-Contin (reduces the pain by 75%-for at least 6 months). The therapeutic response was not included. A request for authorization dated 1-21-15 for OxyContin 40 mg #150 is non-certified, per Utilization Review letter dated 1-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS Guidelines recommend no more than 120 Morphine Equivalent Doses (MED) per day for the treatment of pain. In this case, the patient is being prescribed Oxycontin 40 mg. 5 times per day. This dosage translates into an MED of 300 mg/day, which exceeds guidelines. In addition, the patient is also being prescribed short -acting Oxycodone 30 mg every 8 hours, which raised his daily MED to 435 mg. This far exceeds the recommended maximum MED of 120 mg. Therefore, this request is not medically necessary or appropriate.