

Case Number:	CM15-0023837		
Date Assigned:	02/13/2015	Date of Injury:	03/20/1992
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75-year-old female who reported an injury on 03/20/1992. The mechanism of injury was not stated. The current diagnoses include lumbar degenerative disc disease, CED, unspecified urinary incontinence, hypertension, unspecified hypothyroidism, depression, insomnia, glaucoma, hyperlipidemia, and shingles. The injured worker presented on 11/03/2014 for a follow up evaluation. The injured worker reported chronic mild symptoms. A surgical history includes a lumbar discectomy in 1995. The injured worker was utilizing OxyContin 40 mg, Lidoderm 5% patch, Celexa 40 mg, and Buspar 10 mg. Upon examination, there was crepitus on multiple joints. Neurological examination was normal and unremarkable. Recommendations included continuation of OxyContin 40 mg twice per day. A Request for Authorization form was submitted on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 40 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There was no evidence of a significant musculoskeletal deficit upon examination. The medical necessity for the ongoing use of an opioid has not been established in this case. There was no evidence of a failure of nonopioid analgesics. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.