

Case Number:	CM15-0212276		
Date Assigned:	11/03/2015	Date of Injury:	05/28/1998
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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 49 year old male, who sustained an industrial injury on 5-28-98. Current diagnoses or physician impression includes lumbar arthrodesis, bilateral sacroiliac joint dysfunction, continued high low back and leg pain, spinal cord stenosis and sacroiliac joint arthropathy. Notes dated 6-2-15, 8-28-15 and 10-7-15 reveals the injured worker presented with complaints of constant low back, buttock, groin and right leg pain described as moderate sharp, cramping and aching rated at 6 out of 10. He experiences numbness, tingling and weakness in his bilateral lower extremities (right greater than left). The pain is increased by sitting, twisting, lifting, standing and walking and improved with medication, changing position. Physical examinations dated 6-2-15, 8-28-15 and 10-7-15 revealed right greater than left radiating pain from his sacroiliac joint to his hips and groin. There is loss of normal lumbar spine curvature; tight, ropey and spasmed paraspinals with visible swelling (right greater than left) and lumbar spine range of motion is decreased and painful in all planes. There is quick fatigue and easy give away to quadriceps raises and knee flexion and extension. There is findings of "sacroiliac joint dysfunction bilaterally including tenderness over the PSIS, FABER test, lateral leg lift, shear test, thigh thrust (right greater than right)". Treatment to date has included spinal cord stimulator, facet injections and nerve blocks (provided 75% relief of pain), medications; OxyContin (4-2015), Oxycodone (10-2015), Baclofen, Valium, Lidoderm patches, Duexis, ThermaCare; TENS unit and physical therapy provided minimal improvement in his symptoms per note dated 4-2-15. Diagnostic studies include lumbar spine MRI, which revealed disc displacement at L2-L3 of

4 mm, posterior annular tearing and bulging disc at posterolateral aspects (left greater than right) per physician note dated 10-7-15. A request for authorization dated 10-9-15 for OxyContin 40 mg #90 non-certified and Oxycodone 5 mg #180 is modified to 60, per Utilization Review letter dated 10-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: 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 for chronic pain.

Decision rationale: The claimant is 49 year-old male with date of injury of 5/28/1998 and a diagnosis of chronic low back pain. The request is for Oxycontin 40 mg #90. CA MTUS Guidelines recommend opioids for chronic pain when there is documentation of pain reduction and functional improvement. In this case, there is no clear evidence of efficacy such as a measurable decrease in pain level and objective functional benefit resulting from medication usage. There is also no submission of details of appropriate monitoring, including urine drug testing, risk assessment profile, attempt at weaning and an updated pain contract. Therefore based on the above findings, the request is not medically necessary or appropriate.

Oxycodone 5mg #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 for chronic pain.

Decision rationale: The claimant is 49 year-old male with date of injury of 5/28/1998 and a diagnosis of chronic low back pain. The request is for Oxycodone 5 mg #90. CA MTUS Guidelines recommend opioids for chronic pain when there is documentation of pain reduction and functional improvement. In this case, there is no clear evidence of efficacy such as a measurable decrease in pain level and objective functional benefit resulting from medication usage. There is also no submission of details of appropriate monitoring, including urine drug testing, risk assessment profile, attempt at weaning and an updated pain contract. Therefore based on the above findings, the request is not medically necessary or appropriate.