

Case Number:	CM15-0044095		
Date Assigned:	03/16/2015	Date of Injury:	08/27/1991
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
 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 62 year old male, who sustained an industrial injury on 08/27/1991. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain with status post multiple surgeries and acute denervation bilateral at lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one. Treatment to date has included medication regimen, above listed procedures, and electromyogram of the lower extremities. In a progress note dated 01/26/2015 the treating provider reports complaints of low back pain with radicular symptoms that he rates an eight to ten without pain medication and a four out of ten with pain medication. The treating physician requested a prescription of Oxycontin CR 30mg with a quantity of 90 noting that this medication is only lasting about six hours for the injured worker and because of this the treating physician is increasing the frequency to three times a day and lowering the dosage to 30mg. The treating physician also requested a prescription of Oxycodone noting that the physician lowered this medication to three times a day and to monitor if this will assist with better control of the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 30 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, the daily maximum dose of Morphine equivalent should not exceed 120 mg. The Oxycontin 30 mg TID is equal to 135 mg. In addition, opioids are not indicated or mechanical or compressive etiologies. The claimant had been reducing the medication intake but a weaning protocol was not provided. The length of prior use was not noted nor failure of other non-opioid medications. The continued use of Oxycontin ER as prescribed is not medically necessary.

Oxycodone 15 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, the daily maximum dose of Morphine equivalent should not exceed 120 mg. The combined dose of Oxycontin 30 mg TID and Oxycodone 15 mg TID is equal to 203 mg. In addition, opioids are not indicated or mechanical or compressive etiologies. The claimant had been reducing the medication intake but a weaning protocol was not provided. The length of prior use was not noted nor failure of other non-opioid medications. The continued use of Oxycontin as prescribed is not medically necessary.