

Case Number:	CM15-0052055		
Date Assigned:	03/25/2015	Date of Injury:	06/24/1987
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 6/24/1987. He reported a fall from a 20-foot ladder, injuring his spine. The injured worker was diagnosed as having failed back surgery syndrome and chronic pain. There is no record of a recent magnetic resonance imaging. Treatment to date has included marijuana, surgery, physical therapy and medication management. Currently, the injured worker complains of severe low back pain. In a progress note dated 1/16/2015, the treating physician is requesting OxyContin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in 1987 and continues to be treated for chronic low back pain. Medications include OxyContin at a total MED (morphine

equivalent dose) of 270 mg per day. The claimant has ongoing severe back pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended and there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of OxyContin mg was not medically necessary.