

Case Number:	CM15-0060438		
Date Assigned:	04/06/2015	Date of Injury:	03/14/2003
Decision Date:	05/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey, New York
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 39 year old male, who sustained an industrial injury on 3/14/03. The injured worker has complaints of back pain with numbness and paresthesias in his groin, lower back and then down into his legs. The documentation noted that injured worker has put so much pressure on his canes that he has developed some carpal tunnel and other compression neuropathies in his hands. The diagnoses have included post laminectomy syndrome, lumbar region. Treatment to date has included X-rays; magnetic resonance imaging (MRI); failed back post-laminectomy syndrome and Oxycontin plus his Hydrocodone keeps him just barely functional and he continues also with Neurontin and Topamax. The request was for Oxycontin.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 79.

Decision rationale: The request for Oxycontin is not medically necessary. The patient has been on long-term opioid use, taking Oxycontin for chronic back pain. The chart does not provide any documentation of improvement in pain and function with the use of Oxycontin. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and was not able to return to work. It was unclear what kind of relief Oxycodone provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Oxycontin, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Oxycontin outweigh the benefits. The request is considered not medically necessary.