

Case Number:	CM15-0061204		
Date Assigned:	04/07/2015	Date of Injury:	07/06/2009
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27 year old male, who sustained an industrial injury on 7/6/2009. He reported back pain after heavy lifting. Diagnoses have included chronic low back pain status post lumbar surgery, lumbar radiculopathy, lumbar myofascial strain and lumbar facet arthropathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine, acupuncture, epidural injection and medication. According to the progress report dated 1/13/2015, the injured worker complained of stabbing pain in his low back radiating to the bilateral lower extremities. He rated his pain as 8/10. He reported that his pain had become progressively worse over the past seven months. He complained of numbness in the right lower extremity into the toes. He reported that his medication regimen helped to reduce the pain from 8/10 to 6/10. Current medications included Gabapentin, Relafen and Oxycontin. Physical exam revealed tenderness to palpation at the L4-S1 bilateral lumbar paraspinals. Straight leg raise was positive on the right. Authorization was requested for oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 MG IR Tabs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycontin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxycontin 30 MG IR Tabs #120 is not medically necessary.