

Case Number:	CM15-0087077		
Date Assigned:	05/11/2015	Date of Injury:	05/09/2001
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 (IW) is a 60 year old male who sustained an industrial injury on 05/09/2001. The mechanism or initial results of his injury are not given. The injured worker was diagnosed as having chronic pain situation post L4-5 fusion and chronic hip pain situation post bilateral total hip replacement. Treatment to date has included lumbar laminectomy L4-5 fusion, and bilateral total hip replacements. His recent pain has been treated with Oxycontin 40 mg three times daily. Currently, the injured worker complains of a recent increase in low back pain related to a recent road trip rated an 8/10 without medications decreasing to a 6/10 with medications. He also complained of bilateral hip pain rated a 5/10 at best, 6-7 /10 at its worse and 5/10 at present. The worker has slightly decreased range of motion since last evaluation likely due to recent exacerbation with guarding and grimacing at endpoints with moderate spasm. He has groin and low back pain. His pain is 50% higher without medication significantly impacting independent activities of daily lifting and relationships. He continues to manage pain and function reasonably well with consistent dose of medication without signs of abuse or diversion. Oxycontin 40mg #120 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The records do state the patient had improved function with this medications. But, according to the clinical records, it is unclear how much Oxycontin the patient was taking previously, as there is conflicting data noted. According to the clinical documentation provided and current MTUS guidelines; Oxycontin, as written above, is not indicated a medical necessity to the patient at this time.