

Case Number:	CM14-0118118		
Date Assigned:	09/22/2014	Date of Injury:	04/23/2009
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old right-hand dominant male who sustained work-related injuries on April 23, 2009. Per the January 22, 2014 records, the injured worker reported that his pain level was the same. He rated his pain on average as 8/10. His functionality and sleep pattern was the same. On examination, he was noted to be in mild discomfort. The straight leg raising test was positive on the right at 45 degrees. Facet tenderness was noted. Diffuse tenderness was also noted over the right low back. The facet loading test was positive on the right side. Antalgic gait was noted. The L5 dermatome noted hyperpathia and allodynia in the ball of the foot. His deep tendon reflex, knee jerk, and ankle jerk were 1+. On June 10, 2014, he underwent x-rays of the lumbar spine which revealed no significant change with prior study of the L5-S1 posterior fusion. On July 2, 2014, the injured worker reported that his pain was about the same which was ongoing 24 hours 7days a week and pain in the right foot was also the same. He rated his pain as 10/10. He reported that his pain, sleep pattern, and functionality were the same. Objectively, he was noted to be in mild to moderate discomfort. Lumbar spine examination noted diffuse tenderness over the right low back. The facet loading test was positive on the right side. Extension was restricted. Antalgic gait was noted. At the L5 dermatome dorsum of the foot noted hyperpathia and allodynia. His lower extremity reflexes were 1+. On July 15, 2014, the injured worker underwent a psychiatric agreed medical re-evaluation. He is diagnosed with (a) chronic pain syndrome, (b) postlaminectomy syndrome lumbar region, (c) lumbosacral spondylosis without myelopathy, (d) disc displacement with radiculitis lumbar, (e) degeneration of lumbar or lumbosacral intervertebral disc, (f) dietary surveillance and counseling, (g) persistent disorder of initiating and maintaining sleep, (h) adjustment disorder and mixed anxiety and depressed mood, (i) impotence of organic origin, and (j) slow transit constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Oxycontin 40mg: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continuation of Opioid intake as part of an injured worker's pain management needs to have evidence of significant decrease in pain levels, significant increase pain levels, or the injured worker has returned to work. In this case, it is noted as per records from July 2, 2014 that the both provider and injured worker indicated that the pain level are the same or worsening. Furthermore, there is no evidence of functional improvement; specifically, it is documented that functionality is the same as well as with sleep. Based on these reasons, the medical necessity of the requested OxyContin 40 mg #90 is not established.