

Case Number:	CM14-0123858		
Date Assigned:	08/11/2014	Date of Injury:	10/26/1998
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Texas. 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 59 year old male who had a work related injury on 10/26/98. The mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 06/10/14, the injured worker was seen in follow up. In the interim he did not receive his medications as they were not signed by [REDACTED] so his insurance denied him. He tried fentanyl patch, because he finally received it but it caused significant reflux and it made him feel sick so he stopped two days before. He took oxycodone, oxycodone two weeks before. He requested that we take over his Lyrica. Pain scale was 9/10. His pain was characterized as sharp, dull, throbbing, burning, aching, electricity, pins and needles sensation. It was constant and increased by bending and movement and decreased by lying down and medications. Past surgical history, lumbar laminectomy. Current medications include Protonix, oxycodone, oxycodone, Norco, Lyrica capsules, and ultracin. Physical examination reveals a pleasant, cooperative, responsive, well groomed, normal skin tone and appropriate stated age paid age. Ambulated with walker, standing due to pain. He was alert and oriented times three. Decreased range of motion all planes in the lumbar spine. Tenderness to palpation lumbar paraspinal area and lumbar surgical scar area. He had antalgic gait along with a wheeled walker. Diagnoses brachial neuritis. Post-laminectomy syndrome. Residual left L4-5 radiculopathy EMG confirmed. Status post lumbar laminotomy discectomy 1999, fusion 2001, hardware removal 2002, fusion 2011, exploration of fusion 2011. Prior utilization review on 07/31/14 was non-certified. In reviewing clinical records, there was no clinical documentation of VAS with or without medication or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.