MAXIMUS Federal Services

Case Number:	CM14-0143637		
Date Assigned:	09/12/2014	Date of Injury:	05/04/2010
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 38-year-old female with a 5/4/10 date of injury. The mechanism of injury occurred when she slipped and fell. According to a progress report dated 8/29/14, the patient complained of painful lower back, upper back ,left hip, neck, and left shoulder were worse. Objective findings: tenderness and swelling, limited range of motion of cervical spine, decreased range of motion of left shoulder. Diagnostic impression: slip and fall accident, sprain/strain of lumbar spine and thoracic spine. Treatment to date: medication management, activity modification, surgery, physical therapy, injections. A UR decision dated 8/12/14 denied the requests for Oxycontin and monthly follow-up visits with pain management. Regarding Oxycontin, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or NSAIDs. Regarding pain management follow-ups, since the Oxycontin is not supported, the history and documentation do not objectively support the request for follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (to be Prescribed by [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the provider requesting Oxycontin in this situation is the primary treating provider, [redacted]. [redacted] is noted to be the pain management physician. The physician requesting the medication should be the prescribing physician. In addition, in the reports provided for review, there is no documentation that the patient is being prescribed Oxycontin. Therefore, the request for Oxycontin (to be Prescribed by [redacted]) was not medically necessary.

Monthly Follow-Up Visits with Pain Management for Medication Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management and Weaning of Medications Page(s): 78-80 and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is noted that the patient has had a consultation with pain management on 7/16/14. A specific rationale as to why this patient requires ongoing follow-ups with pain management is not provided. In addition, there is no quantity specified for the number of visits requested. Therefore, the request for Monthly follow-up visits with pain management for medication management, as submitted, was not medically necessary.