

Case Number:	CM14-0146864		
Date Assigned:	09/12/2014	Date of Injury:	03/30/2007
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine 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 male with a date of injury of March 30, 2007. The mechanism of injury was not stated. He was diagnosed with (a) sciatica, (b) pain foot/leg/arm and finger, (c) post laminectomy syndrome lumbar and (d) lumbago, low back pain. In his most recent evaluation dated September 23, 2014 he complained of lower back pain and leg pain. He stated that his medications have been helpful in managing his pain. It was also indicated that his pain increased with activity and he rated it to be at 7 out of 10 on the pain scale with medications. On examination of the lumbar spine a well-healed surgical scar was present. Tenderness was noted over the lumbar spine and the facet joint. Range of motion of the lumbar spine was decreased in all planes due to pain. He was advised to continue with his current medications regimen. He was advised to follow up in four weeks. This is a review of the requested Oxycodone 15mg #120 and Oxycontin 40mg, #90 for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Evidence-based guidelines indicate that for chronic back issues, opioids are only efficacious for short-term pain relief and long-term efficacy is also unclear. Review of this injured worker's records indicates that he has been utilizing opioid in the long term.

Documentation also indicates that this medication has been certified with previous utilization review for weaning purposes and it should have been complete. However, his treating physician continued to provide him prescriptions despite the recommendation to wean him from Oxycodone. This action goes against the recommendation of the discontinuation of this medication. Additionally, most recent records and prior records show that pain levels remain at moderate to severe levels. Also, objective findings do not show significant improvements. In addition, although the injured worker stated that he has improved functional improvements with activities of daily, the said activities are not specifically mentioned or documented in the provided documents. Hence, the requested Oxycodone 15mg, #120 is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: Oxycontin is also an opioid medication. As stated with the rationale behind the denial of Oxycodone, documentation does not provide any information indicating any improvement in pain levels, increase in functional activities with prior use of this medication. Absent in the documentations provided are the indication of improved quality of life such as decreased pain, increased performance of activities of daily living as well as return to work. Based on these findings, the requested Oxycontin 40 milligrams #90 is not medically necessary.