

Case Number:	CM14-0147298		
Date Assigned:	09/15/2014	Date of Injury:	11/10/2008
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
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 Physical Medicine and Rehabilitation, 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 48-year-old female who reported a date of injury of 11/10/2008. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbar spondylosis and sciatica pain. Prior treatments included acupuncture, physical therapy, home exercise program, and epidural steroid injection. The injured worker had an EMG/NCV on 09/18/2013 with official findings indicating a normal exam with no evidence of lumbosacral radiculopathy, and an MRI of the lumbar spine on 07/09/2013 with findings indicating minor changes notable for a superimposed thin dorsal disc protrusion at L5-S1 without compressive effect. Surgeries included a lumbar transforaminal epidural steroid injection on 03/26/2013. The injured worker had complaints of low back and sacral pain. The clinical note dated 06/19/2014 noted the injured worker had tenderness to palpation of the lumbosacral paraspinal region bilaterally, with restrictions in flexion secondary to pain. The injured worker had intact extension, rotation, and side bending. Medications included OxyContin and Norco. The treatment plan included OxyContin, Norco, and the physician's recommendation for the injured worker to continue acupuncture. The rationale was not indicated within the medical records received. The Request for Authorization form was received on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88,89,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

Decision rationale: The injured worker had complaints of low back and sacral pain. The California MTUS Guidelines recommend the lowest possible dose of Opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines indicate documentation of pain relief, functional status, appropriate medication use, and side effects for the ongoing continued use of opioids should be present. There is a lack of documentation of the injured worker's last pain assessment with average pain, intensity of pain after taking the opioid, how long it took for pain relief, and how long pain relief lasted. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.