

Case Number:	CM14-0148256		
Date Assigned:	09/15/2014	Date of Injury:	04/01/2004
Decision Date:	11/05/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a 4/1/04 date of injury, and status post lumbar fusion in 2005, 2010 and 2011, status post hardware removal and L1-2 laminotomy and discectomy on 8/11/11, status post hardware removal and L2-3 discectomy and fusion on 5/27/10, status post decompression and fusion L3-S1 on 7/14/05, and status post T9-pelvis posterior spinal fusion and re-instrumentation on 3/20/14. At the time (8/11/14) of request for authorization for Oxycontin 40mg 1 tablet PO q 8 hours #90, there is documentation of subjective (ongoing low back pain and bilateral lower extremity pain) and objective (limited range of motion of the lumbar spine, diffuse tenderness of the lumbosacral junction and difficulty changing positions) findings, current diagnoses (lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculopathy, intractable low back pain), and treatment to date (back brace, and medications (including ongoing use of Oxycontin 40 mg 1 PO q 4H PRN, since at least 4/14)). 7/24/14 medical report identifies that medications continue to be helpful in reducing pain level from 10/1-0 to 8/10 and allowing patient to be somewhat active. In addition, 7/24/14 medical report identifies negative side effects, no aberrant drug behaviors, that the prescriptions are from a single practitioner and taken as directed, and that the lowest possible dose is being prescribed; and a signed opioid contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg 1 tablet PO q 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids Page(s): 74, 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 86-87. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose, and the dosing is not to exceed 120 mg oral morphine equivalents per day. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculopathy, intractable low back pain. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is documentation of functional benefit or improvement as a result of Oxycontin use to date. However, given documentation of a request for Oxycontin 40mg 1 tablet PO q 8 hours, the oral morphine equivalent per day of 180 exceeds guideline recommendations. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 40mg 1 tablet PO q 8 hours #90 is not medically necessary.