

Case Number:	CM14-0166595		
Date Assigned:	10/13/2014	Date of Injury:	06/27/2000
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 55 year old female with date of injury 6/27/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and lower back pain since the date of injury. She has been treated with physical therapy, epidural steroid injections and medications. MRI of the cervical spine performed in 05/2014 revealed degenerative disc disease most pronounced at C5-6. MRI of the lumbar spine performed in 05/2014 revealed degenerative disc disease at L2-3 with neuroforaminal encroachment at this level. Objective findings include decreased and painful range of motion of the cervical and lumbar spine. The current diagnosis includes degenerative joint disease lumbar spine, degenerative disc disease lumbar spine, and lumbo-sacral spondylosis without myelopathy. Treatment plan and request is for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #180, as an outpatient for neck and low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basic of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. "www.RxList.com and on the Non MUTS Official Disability Guidelines (ODG) - Workers Compensation (TWC), Drug Formulary. www.odg-twc.com/odgtwc/formulary.htm*drugs.com*Epocrates Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

Decision rationale: The patient is a 55 year old female with date of injury 6/27/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and lower back pain since the date of injury. She has been treated with physical therapy, epidural steroid injections and medications to include opioids since at least 12/2013. The treating physician reports does not adequately document the patient's function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Therefore, the request is not medically necessary.