

Case Number:	CM14-0082337		
Date Assigned:	07/21/2014	Date of Injury:	09/26/2001
Decision Date:	10/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 9/26/01 date of injury. At the time (5/5/14) of the request for authorization for Oxycontin 80mg #360, 4 tabs, q8h and MSIR 30mg #720 5-6 q6h, there is documentation of subjective (pain persists in mid & low back) and objective (tenderness to palpation lumbar spine, sacroiliac joint, piriformis muscle, and sciatic notch bilaterally; myofascial spasms mid and low back) findings, current diagnoses (postlumbar laminectomy syndrome, severe myofascial spasm, intrinsic disc disruption L3-4 and L4-5, bilateral sacroiliac joint, bilateral sciatica with piriformis syndrome, and chronic myofascial spasms/strain), and treatment to date (medication including Oxycontin and MSIR for at least 4 months). There is no 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 functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycontin and MSIR use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #360, 4 tabs, q8h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids: short acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. 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. 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 postlumbar laminectomy syndrome, severe myofascial spasm, intrinsic disc disruption L3-4 and L4-5, bilateral sacroiliac joint, bilateral sciatica with piriformis syndrome, and chronic myofascial spasms/strain. However, there is no 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 functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycontin for at least 4 months, there is no documentation 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 with Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80mg #360, 4 tabs, q8h is not medically necessary.

MSIR 30mg #720 5-6 q6h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. 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. 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 postlumbar laminectomy syndrome, severe myofascial spasm, intrinsic disc disruption L3-4 and L4-5, bilateral sacroiliac joint, bilateral sciatica with piriformis syndrome, and chronic myofascial spasms/strain. However, there is no 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 functional status,

appropriate medication use, and side effects. In addition, given documentation of treatment with MSIR for at least 4 months, there is no documentation 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 with MSIR use to date. Therefore, based on guidelines and a review of the evidence, the request for MSIR 30mg #720 5-6 q6h is not medically necessary.