

Case Number:	CM14-0086454		
Date Assigned:	07/23/2014	Date of Injury:	08/20/2003
Decision Date:	10/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with an injury date on 08/20/2003. Based on the 04/19/2014 progress report provided by [REDACTED], the patient complains of osteomalacia, benign essential hypertension, coronary atherosclerosis, sciatica, insomnia, and disorder of trunk. Her current medications include Amitriptyline, Aspir-81, Ibuprofen, Lisinopril, Omeprazole, OxyContin, and Prilosec. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Low back pain 2. Lumbar radiculopathy 3. Meralgia paresthetica [REDACTED] is requesting for OxyContin tab 60 mg CR, Days supply: 30, Quantity: 90. The utilization review determination being challenged is dated 05/07/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/02/2013 to 04/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 60mg CR, Days supply: 30, Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: According to the 04/19/2014 report by [REDACTED], this patient presents with osteomalacia, benign essential hypertension, coronary atherosclerosis, sciatica, insomnia, and disorder of trunk. The treating physician is requesting for OxyContin tab 60 mg CR, Days supply 30, Quantity: 90. OxyContin was first mentioned on patient's list of medications per the treating physician report dated 12/02/2013. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 04/19/2014 report shows patient work status as permanent and stationary and the patient is provided with a list of work restrictions. It is not known whether or not the patient is working. Other than this, review of the reports from 12/02/2013 to 04/19/2014, show no documentations of analgesia, no numerical scales or validated measures are used, no aberrant behaviors are addressed, no specific Activities of Daily Living (ADL)'s are discussed to determine significant change with opiates, etc. The request is not medically necessary and appropriate.