

Case Number:	CM14-0093257		
Date Assigned:	07/25/2014	Date of Injury:	10/23/2003
Decision Date:	10/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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:

This is a 63-year-old male with a 10/23/03 date of injury. A specific mechanism of injury was not described. According to a progress report dated 4/11/14, the patient currently complained of lumbar spine and bilateral leg pain, which he rated on pain scale at 8-9/10 without medications and at 2-3/10 with medications. He stated that his medications were helping with his pain. The patient's opioid regimen consisted of Oxycontin 80mg two tabs every evening and 1 tablet every evening and Percocet 10/325mg one tablet 3 times a day. Objective findings: diffused lumbar paraspinous muscle tenderness in the lower lumbar spine, pain significantly worse upon flexion than extension. Diagnostic impression: cervical sprain/strain, cervical disc disease, cervical radiculopathy, status post lumbar fusion, painful retained hardware, lumbar radiculopathy. Treatment to date: medication management, activity modification, surgery. A UR decision dated 5/28/14 modified the request for Oxycontin 80mg from 90 tablets to 60 tablets for the purpose of weaning. There should be defined functional gain accomplished from the medication. In addition, there has not been presented an outline for the reduction and discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg CR QTY 90 day supply 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 405. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Therefore, the request for Oxycontin 80mg CR QTY 90 day supply 30 was not medically necessary.