

Case Number:	CM14-0094283		
Date Assigned:	07/25/2014	Date of Injury:	07/15/2005
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The injured worker is a 42 year old male injured on 07/15/05 due to undisclosed mechanism of injury. Diagnoses included lumbar/thoracic radiculopathy, constipation, lumbar facet spondylosis, lumbar failed back syndrome, and depression and anxiety due to chronic pain. Clinical note dated 07/03/14 indicated the injured worker presented complaining of persistent low back pain radiating into lower extremities. The injured worker reported medications were tolerated and kept him functioning on daily basis with activities of daily living. The injured worker rated pain 8/10. He also reported expectation to obtain new style of shoes with inserts to assist in proper posture with hopes to alleviate pain. Physical examination of the lumbar spine revealed increased tone and pain to palpation of the lumbar paraspinal/left gluteal/right gluteal, hyperirritable spots with palpable nodules in taut bands decreased sensation to light touch and pin prick in bilateral L4 and S1 dermatomal distribution, and negative straight leg raise bilaterally. Medications included Amitriptyline, Neurontin, OxyContin, Percocet, and Xanax. The initial request for OxyContin 40mg #60, Percocet 10/325mg #150, and Xanax 1mg #60 was non-certified on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Oxycontin 40 mg # 60 is not medically necessary at this time.

Percocet 10/325 mg # 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Oxycontin 40 mg # 60 is not medically necessary at this time.

Xanax 1 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for Xanax 1 mg # 60 is not medically necessary at this time.