

Case Number:	CM13-0070067		
Date Assigned:	01/03/2014	Date of Injury:	12/10/1987
Decision Date:	03/30/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of 12/10/87. A utilization review determination dated 11/26/13 recommends modification of OxyContin from an unlisted quantity to #60. 11/11/13 medical report identifies low back and left posterior buttock to thigh pain 8/10 and LLE weakness. Medications are "working well" and constipation is improved with Amitiza. There is pain in the left SI joint improved since injection 8/2013 that has increased over the past few days since the weather has changed. On exam, there is limited lumbar ROM and tenderness, tenderness over the SI joint, positive FABER, no dorsiflexion, left foot limited ROM consistent with foot drop, 2/5 EHL on the left, dorsiflexor 2/5 left, knee flexors 5-/5 left, hip flexors 2/5 left. Light touch sensation decreased over the medial calf and anterior thigh bilaterally. Medications are said to be slowly tapered and pain is alleviated somewhat by pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg tab 3x a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Preface on Physical Therapy.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, pain is said to be helped with medication use, although this is not quantified. There is no indication that the OxyContin is improving the patient's function, the patient is having side effects of constipation, and there is no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.