

Case Number:	CM14-0210080		
Date Assigned:	12/23/2014	Date of Injury:	06/03/2003
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Preventive Medicine, Occupational Medicine

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 32 year-old male with date of injury 06/03/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2014, lists subjective complaints as chronic pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal region at L4 and the iliolumbar region. Active range of motion was within normal limits but elicited pain. No other physical examination findings were documented by the requesting provider. Diagnosis: 1. Postlaminectomy syndrome, lumbar region. 2. Chronic pain syndrome. Original reviewer modified medication request to Oxycodone 15mg #80, and MS Contin 15mg #55 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Oxycodone 15mg, #90 SIG: TID, . MS Contin 15mg, #60 SIG: 1 po 12h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Oxycodone 15mg #90 is not medically necessary.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. In addition, the patient was given sufficient medication to wean off of narcotic. MS Contin 15mg #60 is not medically necessary.