

Case Number:	CM14-0213291		
Date Assigned:	12/30/2014	Date of Injury:	05/21/1992
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn, 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 female patient with a date of injury of May 21, 1992. A utilization review determination dated December 8, 2014 recommends non-certification of OxyContin 40 mg #90 with modification to #45. A progress note dated November 19, 2014 identifies subjective complaints of severe low back pain rated at a 10/10, her pain level is typically reduced to a 6/10 with the use of current medications. They prescriptions for Flexeril and Norco were denied. The patient states that typically she experiences relief within 30-45 minutes of taking the medication and the relief lasts about 2-4 hours. The patient describes her pain as being burning, aching, throbbing, tightness, spasms, numbness, tenderness, swelling, weakness, hypersensitivity, and pressure. The patient states that without the medications she is unable to walk, sit, stand, sleep, or sustain activity. With the medications the patient is able to walk, sit and stand for 30 minutes, sleep for 5 hours and sustain activity as needed. The patient states that without medications that she is practically bedridden. There is no physical examination available for review. The diagnoses include severe degenerative disc disease, lumbar disc herniation, and severe disc height loss at L4-5 and L5-S1. The treatment plan recommends a prescription for Norco 10-325 mg #120, and a prescription for OxyContin 40 mg #90. The patient denies any negative side effects of the medications, there is no aberrant drug behavior, and she uses the medications as prescribed. A urine drug screen collected on June 12, 2014 was positive for hydrocodone, oxycodone, acetaminophen, zolpidem, and alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 OF 127.

Decision rationale: Regarding the request for Oxycontin 40mg #90, 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, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Oxycontin 40mg #90 is medically necessary.