

Case Number:	CM14-0087383		
Date Assigned:	07/23/2014	Date of Injury:	06/18/1996
Decision Date:	06/02/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female who sustained an industrial injury on 06/18/1996. Diagnoses include degenerative disc disease, degenerative arthritis of the knee, and low back pain. She has additional diagnoses of high blood pressure, acid reflux symptoms, hemorrhoids, migraine headaches, seizures, chronic obstructive pulmonary disease, past cerebral vascular accident, anxiety, depression and feelings of stress. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 01/23/2014 documents the injured worker presents for a pain management appointment and she has pain in the lower left and lower right lumbar spine. The pain radiates to the anterior thigh and left and right calf. The pain is constant, severe, aching burning and stabbing. Pain is associated with numbness in the thigh and lower leg and weakness of the lower leg. She rates her pain as 3 out of 10 with medication. Lumbar spine range of motion is painful. There is spinal tenderness present. Treatment requested is for OxyContin 20mg #60, and Roxicodone 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 6/18/96. She has been treated with physical therapy and medications to include opioids since at least 02/2012. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not medically necessary.

Roxicodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 6/18/96. She has been treated with physical therapy and medications to include opioids since at least 02/2012. The current request is for Roxicodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Roxicodone is not medically necessary.