

Case Number:	CM15-0100522		
Date Assigned:	06/02/2015	Date of Injury:	05/02/2003
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old female sustained an industrial injury on 5/2/03. She subsequently reported back pain. Diagnoses include lumbar disc degeneration, lumbar radiculopathy and lumbar post-laminectomy syndrome. The injured worker continues to experience low back pain with radiation to the right lower extremity. Upon examination, tenderness with palpation was noted over the bilateral lumbar paravertebrals and the range of motion was limited due to pain. Seated straight leg raise test was positive in the right lower extremity for radicular pain at 40 degrees. A request for Oxycontin medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Long-acting opioids such as Oxycontin are not indicated 1st line mechanical or compression etiologies. The maximum daily recommended dose of Morphine equivalent should not exceed 120 mg of Morphine. In this case, the claimant had exceeded this amount. In addition, the claimant's pain level did not improve as much over time with the use of Oxycontin. Over 6 months ago it would improve from 10 to 6 /10 and currently to 8/10. The continued use of Oxycontin is not medically necessary.