

Case Number:	CM15-0010399		
Date Assigned:	01/27/2015	Date of Injury:	10/02/2001
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: 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:

This is a 58 year old male with an industrial injury date of 10/02/2001. He was stepping down from the back of a pickup truck when he fell from about 4 feet landing on his right hand and right side of lower back. He immediately experienced pain in the right hand and wrist. He presented on 12/09/2014 for follow up complaining with low back pain that radiated into his right leg. He states the pain has been increasing over the last month. Prior treatments include physical therapy, acupuncture, medications, lumbar fusion and diagnostics. Current medications were Colace, Mobic, Norco, Oxycontin and Zolpidem. Diagnoses were lumbar disc degeneration, post laminectomy syndrome of lumbar region, lumbar spinal stenosis and lumbosacral spondylosis without myelopathy. On 01/13/2015 the request for Oxycontin 60 mg # 90 was modified to Oxycontin 50 mg # 16.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 58 year old male patient has complained of low back pain since date of injury 10/2/01. He has been treated with lumbar spine surgery, acupuncture, physical therapy and medications to include opioids since at least 11/2014. 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 indicated as medically necessary.