

Case Number:	CM15-0011259		
Date Assigned:	01/28/2015	Date of Injury:	04/07/1992
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
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:

The injured worker is a 58 year old female who sustained a work related injury on April 7, 1992, after suffering back injuries with radiating pain into the legs. Diagnoses of degenerative disc disease of the lumbar spine were made. Treatment consisted of a Laminectomy, and Discectomy of the lumbar spine, pain medication, rest, restrictions and exercise. Currently, the injured worker continues to complain of chronic low back pain radiating into the legs. On December 17, 2014, a request for a prescription of Oxycodone 20 mg, #60 between December 3, 2014 and February 10, 2015, was modified to a certification of 1 prescription of Oxycodone 20 mg, #30 between December 3, 2014 and February 10, 2015; and a prescription for MS Contin ER 30 mg, #60 between December 3, 2014 and February 10, 2015, was modified to a certification of 1 prescription of MS Contin ER 30 mg, #20 between December 3, 2014 and February 10, 2015, by Utilization Review, noting the California Chronic Pain Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Criteria for use of Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for oxycodone is not medically necessary. The patient has been on long-term opioid use, taking oxycodone. The chart does not provide objective documentation of improvement in function with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief oxycodone provided. Because there was no documented improvement in pain or evidence of objective functional gains with the use of oxycodone, the long-term efficacy is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The request is considered not medically necessary.

MS Contin ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for MS Contin is not medically necessary. The patient has been on long-term opioid use. The chart does not provide objective documentation of improvement in function with the use of MS Contin. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief MS Contin provided. Because there was no documented improvement in pain or evidence of objective functional gains with the use of MS Contin, the long-term efficacy is limited, and there is high abuse potential, the risks of MS Contin outweigh the benefits. The request is considered not medically necessary.