

Case Number:	CM15-0111418		
Date Assigned:	06/17/2015	Date of Injury:	09/25/2001
Decision Date:	07/16/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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:

The injured worker is a 64 year old male who sustained an industrial injury on 09/24/11. Initial complaints and diagnoses are not available. Treatments to date include medications and swimming. Diagnostic studies are not available. Current complaints include unspecified pain. Current diagnoses include lumbar bulging disc with bilateral lumbar and sacroiliac radiculopathy. In a progress note dated 05/26/15 the treating provider reports the plan of care as physical therapy, swimming, and continued medication including OxyContin and Norco. The requested treatments include OxyContin. He has been on OxyContin since 2004 per the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 40mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin along with Oxycontin for over 5 years at the maximum morphine equivalent dosing. Long-term use of opioids has not been studied. There was no indication of Tricyclic or Tylenol failure. The continued use of Oxycontin is not medically necessary.