

Case Number:	CM15-0114228		
Date Assigned:	06/22/2015	Date of Injury:	02/12/2005
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male, who sustained an industrial injury on 2/12/2005, resulting from a motor vehicle accident. The injured worker was diagnosed as having other testicular hypofunction, lumbar stenosis, and back pain. Treatment to date has included diagnostics, lumbar spinal surgery (2010), physical therapy, chiropractic, electrostimulation, various injections, and medications. Currently, the injured worker complains of low back pain, rated 7/10, extending to his lateral buttocks. It was documented that wean in Oxycontin was difficult but pain did not increase significantly and Norco was used for breakthrough pain. Overall, his medication helped control pain by 50-60% and he was able to walk/sit/stand longer. Side effects of medication regime included constipation (controlled with medication) and dry mouth. CURES and urine toxicology were documented as "always appropriate", noting last urine drug screening 1/2015. Current medications included Oxycontin, Norco, Soma, Senokot S, and Lunesta. The treatment plan included continued wean of Oxycontin to 30mg every 8 hours, noting initial dose as 50mg every 8 hours. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin 30mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Oxycontin 30mg #90 is medically necessary.