

Case Number:	CM15-0129489		
Date Assigned:	07/16/2015	Date of Injury:	12/28/1995
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

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 59 year old male who sustained an industrial /work injury on 12/28/95. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date includes medication, diagnostics, surgery (osteotomy with realignment of the sagittal plane with arthrodesis T10-S1 on 11/20/13, trigger point injection on 4/2/15. X-ray results reported on 3/4/15 of the spine revealed intact hardware at T10-S2. Currently, the injured worker complained of loosening of hardware sensation and increased pain. Per the primary physician's report (PR-2) on 6/1/15, exam noted normal neurological function with note of becoming more problematic with request for imaging of the proximal portion with use of pain medication for symptoms. Current plan of care included reordering medication for pain management. The requested treatments include Oxycontin 30mg CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg quantity controlled release quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin (Morphine Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, p6-7 Page(s): 6-7.

Decision rationale: The claimant has a remote history of a work injury occurring in 1995 and continues to be treated for back pain. He underwent lumbar spine revision surgery. When seen, there was concern over proximal junctional kyphosis loosening. X-rays were obtained without evidence of hardware failure. He was having increasing pain. Physical examination findings are documented as intact neurological function. MS Contin was being prescribed at 20 mg two times per day. The assessment references having 10 mg for a total of 30 mg two times per day. However, authorization for OxyContin at 30 mg two times per day was requested. In this case, the documentation from the requesting provider reflects an intended increase in total MED (morphine equivalent dose) from 40 mg per day to 60 mg per day. However, the request submitted was for a different medication which would represent a total MED of 90 mg per day. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as co-morbidities, other medications, and allergies. In this case, the medication requested and the corresponding documentation are not consistent. Therefore, as this request was submitted, it cannot be accepted as medically necessary.