

Case Number:	CM15-0065503		
Date Assigned:	05/21/2015	Date of Injury:	02/05/2008
Decision Date:	06/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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 52 year old male, who sustained an industrial injury on 2/5/08. He reported initial complaints of cumulative back industrial-related trauma. The injured worker was diagnosed as having lumbar radiculopathy Lumbar post-laminectomy syndrome. Treatment to date has included status post lumbar interbody fusion and decompression L4-5 and L5-S1; status post caudal epidural steroid injection and epidurogram (3/18/14 and 4/23/13); medications. Currently, the PR-2 notes dated 3/9/15 indicated the injured worker complains of pain to his lumbar spine radiating to his left lower extremity. He describes the pain as constant throbbing and aching in nature rated at 9/10 without medication and 4-5/10 with medication. His pain increases with prolonged standing, walking, and bending and decreases with pain medications and rest. He is not working at this time and walks with a normal gait. On inspection of the lumbar spine, it reveals a healed surgical scar over the midline. He has tenderness to palpation to the paraspinal musculature and spinous processes. His range of motion is limited and straight leg raise is positive bilaterally at 70 degrees with Lasegue's testing negative bilaterally. Left anterior tibialis strength is 4/5 and sensory is noted to be decreased in the left L4- L5 and S1 dermatomes. The treatment plan includes a second request for injection therapy; continue home exercise program and Oxycontin 20mg, three (3) times per day, #90 and Re-Evaluate with Pain Management Doctor after 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, three (3) times per day, #90: Overturned

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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2008 and continues to be treated for radiating low back pain. Diagnoses include post-laminectomy syndrome. Medications are referenced as decreasing pain from 9/10 to 4-5/10 with improved activities of daily living. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was decreased left lower extremity strength and sensation. Medications include OxyContin being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release formulation and would be used to treat baseline pain which is present in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of OxyContin was medically necessary.

Re-Evaluate with Pain Management Doctor after 4 weeks: Overturned

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 Criteria for use of opioids, p79.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2008 and continues to be treated for radiating low back pain. Diagnoses include post-laminectomy syndrome. Medications are referenced as decreasing pain from 9/10 to 4-5/10. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was decreased left lower extremity strength and sensation. Medications include OxyContin being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. The claimant continues to be treated with opioid medication and therefore requested follow-up in 4 weeks can be considered medically necessary.