MAXIMUS Federal Services

Case Number:	CM15-0067127		
Date Assigned:	04/14/2015	Date of Injury:	11/08/1998
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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:

This 62 year old man sustained an industrial injury on 11/8/1998. The mechanism of injury is not detailed. Diagnoses include myalgia and myositis, low back pain, neck pain, cervical and lumbar degenerative disc disease, lumbar spondylosis without myelopathy, and chronic pain. Treatment has included oral medication. Physician notes dated 3/13/2015 show complaints of low back, neck, left knee, right ankle, and bilateral wrist pain. Recommendations include Oxycontin and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin HCL 1mg #90 (x3 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693046.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JONATHAN L. EDWARDS, MD, Barberton Citizens'

Hospital, Barberton, OhioDiagnosis and Management of Benign Prostatic HyperplasiaAm Fam Physician. 2008 May 15; 77(10):1403-1410.

Decision rationale: Terazosin is used for BPH and hypertension. In this case, there was no mention of a prostate exam in the past several months, documentation of urinary symptoms or log of blood pressure in the clinical notes. In addition, the claimant was on other antihypertensive medications. The continued use of Terazosin is not justified and not medically necessary.

Oxycontin 60mg #30 (x0 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioid use.

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

Decision rationale: The claimant has been on Oxycontin for over a year. Opioids are not 1st line medications for mechanical or compressive etiologies. The claimant's pain was worsening to 8-9/10 in the past few months. Previous pain level reduced to 6/10 with medication. The progress note on 3/13/15 did not state pain improvement score with medications. In addition, the claimant was able to perform some ADLs with or without medication. Long-term use of Oxycontin can lead to addiction and tolerance. The continued use of Oxycontin is not medically necessary.