

Case Number:	CM15-0070755		
Date Assigned:	04/20/2015	Date of Injury:	02/12/2005
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 39 year old male who sustained an industrial injury on February 12, 2005. He reported injuries to his low back and neck. Prior treatment includes MRI of the lumbar spine, physical therapy, chiropractic therapy, surgical intervention, bilateral medial branch block, myofascial injections, bilateral sacroiliac injections and bilateral transforaminal epidural steroid injection, and medications. Currently the injured worker complains of low back pain. He reports that the pain has varied with the changes in the weather and reports that use of medications provides relief to his pain. The evaluating physician notes that a trial decrease of opiates was not successful. Diagnoses associated with the request include lumbar stenosis and back pain. The treatment plan includes continuation of OxyContin, Norco, Soma, Lunesta and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90 tabs: Upheld

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

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

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. First line medications for back pain include Tylenol, NSAIDS or Tricyclics. In this case, the claimant had been on opioids for years. Recent exam findings indicate chronic pain levels of 7/10. Response with medication is not provided. The claimant developed hypogonadism likely due to opioid use. The claimant had been on 150 mg of Oxycontin daily in combination with Norco which exceeded the 120 mg of Morphine equivalent recommended daily. Continue use of Oxycontin 40 mg is not medically necessary.

Oxycontin 10mg #90 tabs: Upheld

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

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

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. First line medications for back pain include Tylenol, NSAIDS or Tricyclics. In this case, the claimant had been on opioids for years. Recent exam findings indicate chronic pain levels of 7/10. Response with medication is not provided. The claimant developed hypogonadism likely due to opioid use. The claimant had been on 150 mg of Oxycontin daily in combination with Norco which exceeded the 120 mg of Morphine equivalent recommended daily. Continue use of Oxycontin 10 mg is not medically necessary.