

Case Number:	CM15-0079453		
Date Assigned:	04/30/2015	Date of Injury:	12/11/1997
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 57 year old male injured worker suffered an industrial injury on 12/11/1997. The diagnoses included lumbar disc disease with radiculopathy, right foot crush injury with chronic symptoms, and post lumbar laminectomy syndrome. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 3/17/2015, the treating provider reported chronic, severe low back pain. The pain was rated as 10/10 without medications and 4/10 with medications, which allow for increased mobility. The treatment plan included Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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

Decision rationale: According to the ODG guidelines, opioids are not indicated 1st line for mechanical or compressive etiologies. In addition, opioids should not exceed 120 mg of Morphine equivalent per day. In this case, the claimant was on a much higher dose. In addition, the claimant was on Oxycodone along with the Oxycontin. Failure of Tylenol or Tricyclics was not noted. Continued use of Oxycontin is not medically necessary.