

Case Number:	CM15-0095231		
Date Assigned:	05/21/2015	Date of Injury:	03/09/2008
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 51 year old male, who sustained an industrial injury on 3/9/08. He reported initial complaints of low back injury. The injured worker was diagnosed as having other affections of shoulder region NEC; Lumbago. Treatment to date has included medications. Diagnostics included MRI lumbar spine (5/1/08); CT scan lumbar spine (10/31/11); MRI lumbar spine (10/31/11); MRI right shoulder (11/2/11). Currently, the PR-2 notes dated 4/23/15 indicated the injured worker complains of ongoing low back pain. He is doing well on the 30mg OxyContin and wants to stick with this prescription for this month and go down to 20mg next month. Currently he is taking OxyContin and Nexium. Objective findings are ongoing tenderness to the lumbar spine. A MRI of the lumbar spine from 5/1/2008 shows diffuse disc bulges at L4-L5, L5-S1, L3-L4, L2-L3 and L1-L2 as well as varying degrees of spinal canal and neuroforaminal stenosis throughout. A CT scan report of 10/31/2011 with impression of L4-L5 multifactor severe bilateral neuroforaminal stenosis L2-L3 small broad-based disc protrusion surrounded by osteophytes, L3-L4 moderate left foraminal stenosis, mild right foraminal stenosis, L5-S1 moderate right neuroforaminal stenosis, mild left foraminal stenosis. The treatment plan discusses the continuance of the OxyContin 30mg 3 times a day for #90 without refills on this visit. The next month, the plan is documented to reduce the prescription to 20mg three times a day. The provider has requested Oxycontin 30mg quantity 90 but on Utilization Review on 5/11/15, a quantity of #45 were certified for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the guidelines, opioids are not 1st line for mechanical or compressive etiologies. There was no mention of failure of lower dose opioids or non-opioids. In addition, the 90 mg daily of Oxycontin exceeds the 120 mg of Morphine equivalent recommended by the guidelines. Pain scores were not recently documented. The continued use of Oxyconin as specified above is not medically necessary.