

Case Number:	CM15-0097690		
Date Assigned:	05/28/2015	Date of Injury:	05/28/2009
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on May 28, 2009. He reported that while putting the hood of a truck down he felt a pull in his back. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy, MRI, steroid injections, and medication. Currently, the injured worker complains of stable back pain. The Treating Physician's report dated April 30, 2015, noted the injured worker had a long standing work comp back injury that was stable, treated with OxyContin and Oxycodone IR, there for refills. Physical examination was noted to show no palpation tenderness and range of motion (ROM) reasonable and limited as it had been in the past. The treatment plan was noted to include refills of the medication, with discussion about trying to reduce his dependence on narcotics, which the injured worker was fairly resistive to.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on May 28, 2009. The medical records provided indicate the diagnosis of displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy, MRI, steroid injections, and medication. The medical records provided for review do not indicate a medical necessity for Oxycodone 10mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication since 2009; the worker is stable, but records indicate the injured worker is not being monitored for pain relief, adverse effects, aberrant behavior or activities of daily living. The request is not medically necessary.

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
opioids Page(s): 80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on May 28, 2009. The medical records provided indicate the diagnosis of displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy, MRI, steroid injections, and medication. The medical records provided for review do not indicate a medical necessity for Oxycontin 20mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication since 2009; the worker is stable, but records indicate the injured worker is not being monitored for pain relief, adverse effects, aberrant behavior or activities of daily living. The request is not medically necessary.

