MAXIMUS Federal Services

Case Number:	CM15-0097904		
Date Assigned:	05/29/2015	Date of Injury:	12/14/2001
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: California
Certification(s)/Specialty: Emergency 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:

This is a 69-year-old male with a December 14, 2001 date of injury. A progress note dated April 14, 2015 documents subjective findings (lower back pain radiating down both legs rated at a level of 7/10; numbness of both legs due to polyneuropathy), objective findings (examinations have not changed; a progress note dated December 3, 2014 showed findings as follows: difficulty arising from a seated position; ataxic, broad based, hesitant gait; use of a cane; restricted, guarded, and awkward range of motion of the lumbar spine; hypoactive reflexes; reduced sensation in a stocking fashion below the knees; bilateral ankle weakness), and current diagnoses (chronic back pain; severe lumbar disc disease; central canal stenosis; post laminectomy syndrome; radiating symptoms in the legs; spondylosis; peripheral neuropathy). Treatments to date have included medications, injections, spinal cord stimulator, physical therapy (substantial pain relief), and home exercise. The treating physician documented a plan of care that included OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxycodone immediate release; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycontin 80mg, #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has subjective findings (lower back pain radiating down both legs rated at a level of 7/10; numbness of both legs due to polyneuropathy). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 80mg, #150 is not medically necessary.