MAXIMUS Federal Services

Case Number:	CM14-0147198		
Date Assigned:	09/15/2014	Date of Injury:	11/28/2008
Decision Date:	10/23/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 11/28/2008. Mechanism of injury was reported as a lifting injury. Patient has a diagnosis of chronic low back pain, R lower extremity pain and R leg weakness. Medical reports reviewed. Last report available until 8/14/14. Patient has persistent back pain. Pain medications allow him to keep functional and perform basic functions. Baseline pain is 6-10/10. Pain improves to 4/10 with medications. Patient has been stable on his medications. Has constipation but no side effects. Objective exam reveal pain with range of motion of shoulders and back. Decreased range of motion. MRI of lumbar spine (11/22/13) revealed multi-level small disc bulges, mild bilateral L3-4 and L5-S1 neuroforaminal narrowing, facet arthropathy. All mildly worst compared to 2009. Medications include morphine IR, Oxycontin, Baclofen, Trazodone and Wellbutrin. Independent Medical Review is for Oxycontin 30mg #90. Prior UR on 8/29/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Oxycontin is long acting Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. Noted improvement in pain with appropriate monitoring. Patient takes over 120MED (Morphine Equivalent Dose) in Morphine and Oxycontin a day, which exceeds to maximum safe amount of 120MED as per MTUS guidelines. However, patient has severe chronic pain and is stable on current regiment with no significant side effects. Pain is not likely to acutely improve. The current number of tablets is appropriate and will give patient a 1month supply at 3tabs a day which is enough time next follow up appointment. The continued use of a long acting opioid like Oxycontin is appropriate and medically necessary.