

Case Number:	CM13-0013625		
Date Assigned:	12/27/2013	Date of Injury:	11/13/1992
Decision Date:	03/27/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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:

This case is a 74 year old female with a date of injury of 11/13/1992. Review of the medical documents indicates that the patient is undergoing treatment for low back pain, chronic pain, leg pain, lumbago, and post-laminectomy syndrome of the lumbar spine. Subjective complaints (12/3/2013) include "continued pain. The meds are helping", 6/10 on pain scale with medication, and constipation. Objective findings include tenderness over lumbar area with pain at midline, normal upper extremities, normal lower extremities, and normal mood and affect. Progress note dated 12/3/2013 indicates patient's medications as OxyContin 40mg three times daily, Oxycodone 30mg six times daily, Norco 10/325 two tabs four times daily, Amrix 30mg buccal daily, Zanaflex 4mg three times daily, and diazepam 5mg four times daily. A utilization review dated 7/31/2013 modified the request for Oxycodone 30mg #180 down to #45 and non-certified OxyContin 40mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure agonist opioid. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 270 mg from Oxycodone, 180 mg from OxyContin, and 60 mg from Norco, which far exceeds MTUS recommendations. As such the question for Oxycodone 30 mg, #180 is not medically necessary.

OxyContin 40 mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure agonist opioid. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 270 mg from Oxycodone, 180 mg from OxyContin, and 60 mg from Norco, which far exceeds MTUS recommendations. As such the question for OxyContin 40 mg, #180 is not medically necessary.

