

Case Number:	CM13-0020798		
Date Assigned:	10/11/2013	Date of Injury:	12/18/1996
Decision Date:	01/08/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 67 year old male with medical history including a cervical spine operation-2000, s/p lumbar laminectomy-2000, bilateral sacroiliac joint arthropathy since 2001, right foot pain since 2001, bilateral shoulder pain since 2001, left knee pain, morbid obesity and major depression. Notes state that the patient remains sore in the neck, shoulder, back and knees despite use of Oxycontin 80mg TID, and 30mg BID for breakthrough pain, lorazepam and Ambien. The pain medications date back to at least 9/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

Decision rationale: Opioids appear to be efficacious but limited for short-term pain relief of back pain. There is no evidence that opioids showed long term benefit or improvement when used as a prescription for chronic back pain. There is a lack of evidence to allow for a treatment recommendation for chronic use in osteoarthritis. A recent epidemiologic study found that

opioid prescription for chronic non-malignant pain did not seem to fulfill any of key outcome goals pain relief improved quality of life,and/or improved functional capacity.(Eriksen,2006) Continued use of opioids is only recommended if the patient has improved functioning and pain. The record indicates that the patient continues to be disabled and in pain despite long term use of high doses of Oxycontin. There is not any documentation of weaning attempts. The potential CNS and respiratory depression as well as severe hypotension from combined use of opioids and benzodiazepines is well documented. The request for Oxycontin 30mg #60 is not medically necessary and appropriate.

A prescription for Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 80-81.

Decision rationale: Opioids appear to be efficacious but limited for short-term pain relief of back pain. There is no evidence that opioids showed long term benefit or improvement when used as a prescription for chronic back pain. There is a lack of evidence to allow for a treatment recommendation for chronic use in osteoarthritis. A recent epidemiologic study found that opioid prescription for chronic non-malignant pain did not seem to fulfill any of key outcome goals pain relief improved quality of life,and/or improved functional capacity.(Eriksen,2006) Continued use of opioids is only recommended if the patient has improved functioning and pain. The record indicates that the patient continues to be disabled and in pain despite long term use of high doses of Oxycontin. There is not any documentation of weaning attempts. The potential CNS and respiratory depression as well as severe hypotension from combined use of opioids and benzodiazepines is well documented. The request for Oxycontin 80 mg #90 is not medically necessary and appropriate.