MAXIMUS Federal Services

Case Number:	CM13-0044383		
Date Assigned:	12/27/2013	Date of Injury:	11/03/1998
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 sustained a work-related injury in November 1998 due to a fall. The patient has recently been seen by a pain specialist in the office dated February 7, 2013. The patient presented with pain of the head, bilateral legs, neck, bilateral shoulders, bilateral buttocks, bilateral hips, abdomen, lower back, left ankle, foot, and groin. The patient's current medication regimen continue to be consistent of multiple medications which include Oxycontin, Norco, Lyrica, Zanaflex, trazodone, ibuprofen, and Flector patches. Despite all his medications, the patient states that the pain is about 8/10 with medication and 10/10 without the medication. Physical examination revealed leg cramps during exertion, ankle swelling, muscle weakness, muscle cramps, joint swelling, pain, and stiffness, back pain, and paraspinal tenderness. The patient has been diagnosed with chronic pain syndrome, back pain, lumbar radiculopathy, DJD of the lumbar spine, and opioid dependence. The patient was also recommended for physical therapy. It was noted that the patient had presurgical psychological evaluation on March 5, 2013. The patient was noted to have benefit from 8-visit counseling. The patient also benefitted from intrathecal pump. The patient's current medications include Oxycontin, Norco, Lyrica, and Zanaflex. He was also recommended to have the lumbar epidural injection and recommended to have implanted drug delivery system. The dispute issue is the continuation of the Oxycontin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER (12 hour tablet) 60mg #90 by mouth every 8 hours for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: According to the California MTUS regarding the opioid use such as Oxycontin tablets are controlled-release formulation of oxycodone, hydrochloride indicated in management of moderate-to-severe pain when continuous, round-the-clock analgesic is needed for extended period of time. Oxycontin tablets are not intended for use of p.r.n. analgesic. It should be dependent on each individual factor and medical condition, the patient's prior opioid exposure and other analgesic that the patient might be taking. The California MTUS require ongoing documentation of pain relief, functional status, appropriate medication use and side effects. In this particular patient, the pain level remains very high at 8/10 with medication and 10/10 without the medication. Also, the patient has intrathecal pain pump. The patient also has chronic pain syndrome, lumbar radiculopathy, and opioid dependence. Therefore at this point, it does not appear that the medication is helping the patient as this patient continues to have high levels of pain despite the medication. Therefore according to the guidelines with the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug taking) it not recommended that the patient continue with the Oxycontin.