MAXIMUS Federal Services

Case Number:	CM13-0049471		
Date Assigned:	01/22/2014	Date of Injury:	12/10/2002
Decision Date:	06/23/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational 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:

This is a 64 year old male who has reported neck pain after an injury on December 10, 2002. He has been diagnosed with cervical disc disease, failed spine surgery, and radiculopathy. Treatment has included cervical spine surgery, physical therapy, medications, injections, and spinal cord stimulator implantation and explantation. He has been treated with opioids for years, with no good evidence of good pain control and improved function. An AME on February 19, 2013 reported widespread pain not confined to the neck. Symptoms were very significant and function was poor. Employment had ceased in 2001. He listed OxyContin and Gabapentin as current medications. Treatment recommendations included continuance of current medications. There was no account of specific pain relief and increased function while on these medications. There was no account of the California MTUS Guideline recommendations for Opioids or Gabapentin. No medical evidence or guidelines were cited in support of the treatment recommendations. The treating physician reports during 2013 do not adequately address function or any of the recommendations from the California MTUS Guideline for prescribing Opioids to treat chronic pain. Per the treating physician report of June 20, 2013, Oxycontin was prescribed at five per day. Pain was ongoing and unimproved. Per the treating physician report of August 1, 2013, Oxycontin was prescribed at five per day. Pain was 10/10 and spreading through his body. Per the treating physician report of August 29, 2013, pain was unchanged and work status was "off work". Oxycontin was prescribed at what may be five per day (the prescription is unclear). Per the treating physician report of September 5, 2013, pain is spreading and is worse. Pain was listed as 8/10. Oxycontin was prescribed at 40 mg, nine per day. Per the PR2 of October 3, 2013, the treating physician recommends continuing the same dose of Oxycontin. Per the treating physician report of November 7, 2013, the injured worker had run out of his OxyContin and had ongoing neck pain listed as 7/10. Medications were reported to provide pain relief and increased

function, which was not specified further. There was no work status. On November 2, 2013 the Utilization Review certified Neurontin and OxyContin was modified. Note was made of a prior Utilization Review with a decision to limit the quantity of Oxycontin, and the need to limit the overall dose of OxyContin for patient safety. It was noted that there had not been a significant amount of pain relief or increased function while on OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the California MTUS Guideline, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the California MTUS Guideline, opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies". Over the last 6 months, opioids have progressively increased, with no corresponding increase in function and pain relief. The California MTUS Guideline recommends urine drug screening for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic musculoskeletal pain. There is no record of a urine drug screen program performed according to quality criteria in the California MTUS Guideline and other guidelines. Patients on chronic opioids with increasing and widespread pain should be assessed for opioid hyperalgesia. This kind of assessment has not occurred to date. Work status is "temporarily totally disabled", which implies an extremely low level of function. The ongoing use of opioids as prescribed by this treating physician is not medically necessary based on lack of significant pain relief and increased function, and lack of prescribing according to the California MTUS Guideline recommendations. The AME recommendations are not substantial evidence for the purposes of this review, as they were not supported by the California MTUS Guideline, and the AME did not evaluate the injured worker in light of the specific recommendations in the California MTUS Guideline for the ongoing medications. The request is not medically necessary.