

Case Number:	CM13-0069855		
Date Assigned:	01/03/2014	Date of Injury:	12/28/2004
Decision Date:	07/28/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation 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 current 50 year-old patient sustained an injury on 12/28/2004 while employed by [REDACTED]. The request under consideration is for a Prescription of Oxycontin 20mg, #60. A report dated 10/3/13 from the provider noted the patient has ongoing chronic low back pain radiating into right leg rated at 8/10. Current medications list Norco and Oxycontin. The patient was reported to have not worked since 2004 and remains total temporary disabled. An exam noted vital signs and general appearance of well-developed and well-nourished; alert and oriented. No other objective findings were recorded. Diagnoses included Lumbar disc protrusion/annular tear; and chronic pain syndrome. Treatment included refills of medications (Norco and Oxycontin). It was noted the patient refused to proceed with recommendations of MRI of the lumbar spine, selective nerve root block recommended in April 2013 and work capacity evaluation in August 2013, becoming hostile and angry. It was noted the patient had no intentions of seeking treatment other than for oral medications. The patient was discharged from the provider's clinic. The request for Prescription of Oxycontin 20mg, #60 was non-certified on 12/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCONTIN 20MG, #60: 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) page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects
Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decrease in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The prescription of Oxycontin 20mg, #60 is not medically necessary and appropriate.