

Case Number:	CM14-0001839		
Date Assigned:	01/22/2014	Date of Injury:	08/31/2001
Decision Date:	03/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 45 year old male with date of injury of 08/31/2001. The listed diagnoses dated 12/20/2013 are: Chronic back pain, Failed back surgery, High level of opioid use According to progress report dated 12/20/2013 the patient is coming in for a follow-up and medication refill. The patient is experiencing some spasms and elevated pain with weather change. He said that there was a recent break-in in his house and he believes that some of the offenders drugged him. Objective findings show that he ambulates with a cane. Results of in-house UDs are positive for benzodiazepine, positive for Oxycodone and THC. Treater is requesting a refill for oxycontin80 mg for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of OxyContin 80mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 60 & 61.

Decision rationale: This patient presents with chronic back pain and a failed back surgery. The physician is requesting a refill for Oxycodone 80 mg. Utilization review dated 12/30/2013 modified the request for Oxycodone, stating the patient has not demonstrated decreased pain or improved function or quality of life with the use of opioids; past urinalysis revealed evidence of aberrant and illicit drug use; and certification was based on the amount of medication needed to continue the weaning process. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are required. Furthermore, under Outcome Measures, it also recommends documentation of great pain; average pain; least pain; time it takes for medications to work; duration of pain relief with medications, etc. Review of reports from 07/19/2013 to 12/20/2013 showed that the patient has been taking Oxycodone since July 2013. It is unclear if the patient has been taking his medication prior to this date. In this case, none of the reports provided for review contained documentation of pain and functional assessment as related to medication use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS guidelines. Therefore, the request for OxyContin is denied.