

Case Number:	CM14-0005079		
Date Assigned:	02/05/2014	Date of Injury:	05/22/1997
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Family Practice, has a subspecialty in Pain 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:

A male claimant sustained a work injury on 5/17/97 resulting in intractable back, buttock and ankle pain. He had an additional diagnosis of cauda equina syndrome with neurogenic bladder and ankle arthropathy. The claimant had been taking Oxycontin 40 mg every eight (8) hours and Ibuprofen since June 2013 for pain control. An exam report on 12/20/13, indicated the claimant had pain ranging from 4 to 8/10 pain which had been unchanged for several months. He had received injection therapy and had no improvement. The examination was notable for point tenderness over the right lumbar facet area and sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE OF OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

Decision rationale: The MTUS Chronic Pain Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In addition in this case, there has been no improvement in pain scales or physical findings. There is no information on an opioid agreement to minimize risk of abuse and addiction. Furthermore, the guidelines state the following: "Opioids for Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." Based on the above prolonged use of high dose Oxycontin, continued use is not medically necessary.