

Case Number:	CM14-0100982		
Date Assigned:	07/30/2014	Date of Injury:	03/13/2007
Decision Date:	10/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 59-year-old male who sustained a work related injury on 3/13/2007 as a result of unknown mechanism of injury. Since then he has complained of lower back pain and has undergone a lumbar laminectomy and has developed post laminectomy syndrome. He ambulates with a walker and oxygen tank. He complains of pain that is 7-9/10, constant dullness with associated numbness and tingling that worsens with activities. Objective findings include a decreased, painful range of motion with positive tenderness to palpation to the lumbo-sacral region. The patient is working toward tapering off from opioid medication use with a reduction of 10 tablets per week with addressing this issue per the PR-2 dated 04/23/2014 with 10 tablet reduction begun on 05/20/2014. In dispute is a decision for Oxycontin 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 91-92.

Decision rationale: Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available), Oxycodone controlled release (OxyContin): [Boxed Warning]: Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. With the plan of reducing the patient's medication by 10 tablets a week, he should have accomplished the planned weaning by August. No documentation is made of improved functionality, pain reduction or improvement in performance of activities of daily living. The requested medication is not medically necessary based upon the documentation provided.