

Case Number:	CM14-0107826		
Date Assigned:	09/16/2014	Date of Injury:	06/28/1993
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & 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:

The injured worker is a 63 year old male injured on June 28, 1993 due to slipping on grease. The injured worker fell backward onto a conveyor belt, landing on his backside. PR-2 report from January 2014 notes the injured worker was initially taking 100mg of Oxycontin and has had increased pain since the dosage was decreased and denied all other pain medications in prior utilization review. PR-2 report, dated July 28, 2014, indicates the injured worker complains of low back pain that is sharp and radiates up spine as well as legs. The injured worker states the Oxycontin 40mg, three times daily is not helping with pain. PR-2 report, dated August 21, 2014, the injured has ongoing complaints of back pain. Physical exam reveals sacroiliac tenderness, lumbar paraspinal tenderness, mild pain with full back flexion, pain with lateral bending, right greater than left. Diagnoses include lumbago, muscle spasm, and degenerative disc disease. On this date it was noted the injured working was taking Ultram 100mg and this was helping with the back pain. No other medications were listed on this PR-2 report. The injured worker is able to work caring for disabled individuals. The request for Oxycontin 40mg #90, was modified to #60 in utilization review dated July 17, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin
Page(s): 92-127.

Decision rationale: OxyContin tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when continuous, around the clock analgesia is needed for an extended period of time. OxyContin tablets are not intended for use as a p.r.n. analgesic. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the IW has stated that the Oxycontin 40mg tid was not working. However, the records indicate that the IW was taking Ultram ER 100mg which was helping with the LBP. Furthermore, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no documentation of maintenance home exercise program. There is no evidence of urine drug test in order to monitor compliance. The request is not medically necessary.