

Case Number:	CM14-0012335		
Date Assigned:	02/21/2014	Date of Injury:	07/20/1998
Decision Date:	07/14/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 07/20/1988. The mechanism of injury was not provided within the medical records. The clinical note dated 01/22/2014 indicated diagnoses of chronic head, neck, jaw, right shoulder, right hand, and back pain. The injured worker reported chronic neck, back, and extremity pain. The injured worker reported due to decreased OxyContin and Oxycodone doses, he had increased whole body pain symptoms. On physical exam, there was tenderness to palpation over the cervical and lumbar spine, and limited range of motion about the injured worker's lower back, and neck. The injured worker's prior treatments included medication management. The injured worker's current medication regimen included OxyContin, oxycodone, and Topamax. The provider submitted a request for OxyContin 80 mg, 2 tabs by mouth every 8 hours for 6 months; and oxycodone 30mg, 1 to 2 tablets by mouth every 8 hours, max 6 per day x6 months. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG, 2 TABS P.O. EVERY 8 HOURS X 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug use behaviors, and side effects. In addition, the guidelines state that dosing not exceeds 120mg oral morphine equivalents per day. The request of 720mg per day of the OxyContin exceeds the guidelines recommendations. Therefore, the request for OxyContin 80 mg, 2 tabs by mouth every 8 hours x6 months is non-certified.

OXYCODONE 30MG, 1-2 TABS P.O. EVERY 8 HOURS, MAX 6 PER DAY, X 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors, and side effects. In addition, the guidelines state that dosing not exceeds 120mg oral morphine equivalents per day. The request of 270mg per day of the oxycodone exceeds the guidelines recommendations. Therefore, the request for oxycodone 30mg, 1 to 2 tabs by mouth every 8 hours, max 6 per day x6 months, is non-certified.