

Case Number:	CM14-0111504		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2008
Decision Date:	10/02/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 63 year old female with complaints of low back pain and bilateral leg pain. The date of injury is 4/22/13 and the mechanism of injury is lifting injury (heavy box). At the time of request for oxycontin 80mg, there is subjective (low back pain, radiating lower extremity pain) and objective (tenderness lumbar spine, restricted range of motion lumbar spine) findings, imaging findings (MRI lumbar spine 8/3/12 annular tear L4-5), diagnoses (spondylosis lumbar spine, degenerative disc disease lumbar spine, facet arthropathy lumbar spine, radiculopathy right lower extremity), and treatment to date (medications, acupuncture). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (Oxycodone Hydrochloride Controlled- Release) Tab 80mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The last progress note dated 6/18/14 shows a scheduled regimen of oxycontin 80mg three times daily without adverse effects and good analgesic effect/functional improvement. As the medical records provided do support/supply this information, it is my opinion that the request for Oxycontin 80mg tablet is medically necessary.