

Case Number:	CM14-0122585		
Date Assigned:	08/06/2014	Date of Injury:	04/01/2002
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 Management 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:

According to the records made available for review, this is a 47-year-old male with a 4/19/00 date of injury. At the time (6/5/14) of requests for authorization for Oxycontin 80MG #180 and Oxycontin 40mg #30 with one refill, there is documentation of subjective (low back pain radiating to both legs, neck pain radiating to upper and mid back, and upper extremities) and objective (paraspinal muscle tenderness to palpation, painful and restricted ranges of motion in cervical and lumbar regions, and decreased sensation to light touch in cervical and lumbar regions) findings, current diagnoses (multiple disc protrusions in lumbar spine, low back pain secondary to generative disc disease, left knee joint arthropathy, lumbar spine annular tear at multiple levels, cervical radiculopathy, cervical and thoracic pain and degenerative disc disease), and treatment to date (physical therapy, biofeedback, and medications (including ongoing treatment with OxyContin)). Medical report identifies that there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and that the prescriptions are from a single practitioner. There is no documentation that the medications are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80; 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, and as criteria necessary to support the medical necessity of OxyContin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of OxyContin. Within the medical information available for review, there is documentation of diagnoses of multiple disc protrusions in lumbar spine, low back pain secondary to generative disc disease, left knee joint arthropathy, lumbar spine annular tear at multiple levels, cervical radiculopathy, cervical and thoracic pain and degenerative disc disease. In addition, there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Furthermore, there is documentation that the prescriptions are from a single practitioner. However, there is no documentation that the medications are taken as directed; the lowest possible dose is being prescribed; appropriate medication use; side effects; and that there will be ongoing review and documentation of pain relief. In addition, given documentation of ongoing treatment with Oxycontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for OxyContin 80MG #180 is not medically necessary and appropriate.

Oxycontin 40mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, and as criteria necessary to support the medical necessity of OxyContin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of OxyContin. Within the medical information available for review, there is documentation of diagnoses of multiple disc protrusions in lumbar spine, low back pain secondary to generative disc disease, left knee joint arthropathy, lumbar spine annular tear at multiple levels, cervical radiculopathy, cervical and thoracic pain and degenerative disc disease. In addition, there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Furthermore, there is documentation that the prescriptions are from a single practitioner. However, there is no documentation that the medications are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief. In addition, given documentation of ongoing treatment with Oxycontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for OxyContin 40mg #30 with one refill is not medically necessary and appropriate.