

Case Number:	CM14-0136366		
Date Assigned:	09/08/2014	Date of Injury:	09/04/2003
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Georgia. 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 claimant is a 58 year old female presenting with chronic pain following a work related injury on 09/04/2003. The claimant was diagnosed with lumbosacral pain and thoracic or lumbosacral neuritis or radiculitis. According to the claimant has a history of multiple failed surgeries with nerve damage and atrophy of the left leg and did not tolerate any other extended release opioid medications. On 07/16/2014, the claimant complained of lower back pain with sharp, shooting pain down the left leg. The pain was described as moderate and fairly constant with burning radicular pain. The pain aggravated by any physical activity and relieved by medication including Neurontin 1200mg TID for severe neuropathic pain and for baseline pain control. The medications also included Oxycontin 80 mg q 8 hours and Prilosec for severe GERD. The provider noted that the Oxycontin brought the patients pain level from 9/10 to 3-4/10. The physical exam showed significant muscle spasms in the lower back, straight leg raise positive on left with pain down to feet in L5/S1 distribution, weakness with toe walking on left>right; significant atrophy of left calf muscles, 4 inches small than right; decreased sensation posterior calf on left; absent left ankle reflex, severely antalgic with significant limp on left. A claim was place for Oxycontin 80 mg # 60 and Oxycontin 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Oxycontin 80mg # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Additionally, MTUS states that Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The guidelines also recommend that dosing does not exceed 120mg oral morphine equivalents per day. The claimant's medical records do document some improvement in pain with medications but there is no return to work. Additionally, the opioid dosing exceeds the maximum daily recommended dose of morphine; therefore the requested medication is not medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycontin 20mg # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. Additionally, MTUS states that Oxycontin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The guidelines also recommend that dosing does not exceed 120mg oral morphine equivalents per day. The claimant's medical records do document some improvement in pain with medications but there is no return to work. Additionally, the opioid dosing exceeds the maximum daily recommended dose of morphine; therefore the requested medication is not medically necessary.