

Case Number:	CM14-0150870		
Date Assigned:	09/19/2014	Date of Injury:	07/05/2002
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 42-year-old female with a reported injury on 07/05/2002. The mechanism of injury was not provided. The injured worker's diagnoses include lumbar disc disease, classic migraine (no intractable migraine), COPD, and peptic ulcer. The injured worker's previous treatments included medications and a home exercise program. No pertinent diagnostic testing was provided. No pertinent surgical history was provided. As early, as 08/30/2013 the injured worker was taking Norco 10/325 mg, OxyContin 40 mg twice per day and Duragesic patches 100 mcg every 72 hours. On 08/30/2013, she rated her pain as 4/10 with medications and 10/10 without medications. The injured worker's pain rating remained the same from 08/30/2013 through 08/15/2014. The injured worker was evaluated on 08/15/2014 for her complaint of chronic back pain rated 5/10 with medication and 10/10 without medication. The injured worker denied excessive drowsiness. She complained she could not sleep or do activities of daily living because of increased pain. The clinician observed and reported that a narcotic contract was in the injured worker's chart. There was tenderness in the lower lumbar spine with increased spasm of paravertebral muscles present. Movements of the lumbar spine were painful and restricted. The straight leg raise was negative on both sides. Also of note, on 08/15/2014, OxyContin 40 mg was not listed in the injured worker's current medications or in the treatment plan. The clinician's treatment plan was to decrease Duragesic patches to 100 mcg every 72 hours, continue Norco, and continue Maxalt. The injured worker was also advised to continue regular exercise and take stool softeners to avoid constipation. The injured worker's medications included Norco 10 mg/325 mg every 4 hours, Rizatriptan 10 mg disintegrating tablet 1 by mouth as directed. The request was for OxyContin 40 mg quantity 60. The rationale for this request was for treatment of lumbar degenerative disc disease. The Request for Authorization forms were submitted on 08/15/2014, 06/17/2014, and 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg, qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use Page(s): 76.

Decision rationale: The request for OxyContin 40 mg quantity 60 is not medically necessary. The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend discontinuation of opioids if there is no overall improvement of function unless there are extenuating circumstances. The total daily morphine equivalent dose with the OxyContin 40 mg twice per day, Norco 10/325 every 4 hours and fentanyl patch 100 mcg every 72 hours is 420 mg, which is greater than the 120 mg or less total daily Morphine equivalent dose. OxyContin 40 mg was not listed in the injured worker's current medications on 07/16/2014 or 08/15/2014; however, it was listed in the clinician's treatment plan to continue that medication. The injured worker did not indicate significant improvement in pain from 08/30/2013 through 08/15/2014. Additionally, the request did not include a frequency of dosing. Therefore, the request for OxyContin 40 mg quantity 60 is not medically necessary.