

Case Number:	CM14-0151144		
Date Assigned:	09/19/2014	Date of Injury:	08/29/2001
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
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 Occupational Medicine 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 44-year old male with a date of injury of August 29, 2001. The mechanism of injury was not indicated. He was diagnosed with (a) lumbar spine degenerative disc disease with low back pain, status post transforaminal lumbar interbody fusion; (b) right lumbosacral radiculopathy, sacroiliitis, and status post lumbar fusion, and (c) mild progressive disc bulge L3-4 with right lateral recessive impingement per the magnetic resonance imaging scan dated July 31, 2012; L4-L5 anterior and posterior fusion, mild degenerative disc disease and spondylosis per the computed tomography scan dated December 6, 2012. In a recent office visit note dated July 3, 2014 it was indicated that he complained of worsening persistent lower back pain. On examination, he was noted to grimace with every moment of his neck. The pain was noted upon flexion and extension of the lumbar spine. He was advised to continue his current medication regimen except for Duragesic patch. This is a review of the requested Oxycontin 80mg, #180.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Guidelines Opioids, long-term assessment Page(s): 76-80; 88-89.

Decision rationale: The medical records received have limited information to support the necessity of Oxycontin 80mg, #180. The Chronic Pain Medical Treatment Guidelines indicate that for chronic back issues, opioids are only efficacious for short-term pain relief and long-term efficacy is also unclear. Furthermore, if it is going to be used in the long term, clinical presentation and documentation should meet the criteria as outlined by the evidenced-based guidelines. The criteria for ongoing management with opioid include that the prescription must from a single provider and all prescriptions must be received from a single pharmacy, lowest dose possible should be provided, there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to non-opioid means of pain control. The Chronic Pain Medical Treatment Guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless there are extenuating circumstances or in order to continue opioid medication the injured worker should be documented that he has returned to work and has improved functioning and pain. In this case, the patient is noted to be utilizing high doses of the opioid medication for a long time already; however, in the records, it was indicated that his pain has worsened and there is no documentation of functional improvement such as decrease in pain level, increase in range of motion, as well as increase ability to perform activities of daily living. Based on these reasons, the medical necessity of Oxycontin 80mg, #180 is not established.