

Case Number:	CM14-0158490		
Date Assigned:	10/02/2014	Date of Injury:	08/09/2006
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 43 year old female with a date of injury on 8/9/2006. As per the report of 08/28/14, she complained of low back pain radiating to both lower extremities. She had constipation due to opioid medication that was controlled with Colace. An exam of the lumbar spine revealed pressure over the facets at L5-S1 on the right side with aggravated pain. The pain was tolerated on the left. There was facet loading on the right side with aggravated pain and tenderness at L3, L4, and L5 on the right side. The right calf exhibited excessive tenderness to touch. Her gait was unequal and asymmetrical. It is described as slow and staggered. Her stance was wide based and unbalanced. Her current medications include Oxycontin, Zolpidem, Lamictal, Viibryd, Docusate, Omeprazole, Cymbalta, and Amrix. She has been taking Oxycontin since 02/06/14. Previously, the request for Oxycontin was modified on 06/05/14 and 07/24/14 to 3 months for weaning purpose. The diagnoses include chronic low back pain with muscle spasm and radiculopathy, right more than left; radiculopathy pain from the low back to both lower extremities; opioid induced constipation controlled with Colace; pain induced depression made worse with denied medication; and gastrointestinal irritation and gastrointestinal reflux from nonsteroidal anti-inflammatory drugs/analgesic medications aggravated with denied medication. Past treatments, diagnostic studies, and improvement with Oxycontin were not documented in the clinical records submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #50, No Refills: 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, specific drug list, Page(s): 91-92, 97.

Decision rationale: Oxycontin tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as an analgesic. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, there is no mention of ongoing attempts with non-pharmacologic methods of pain management such as relaxation techniques and home exercise program. There is little to no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Weaning was previously recommended. The medical documents do not support continuation of opioid pain management and thus the request for Oxycontin is not medically necessary.