

Case Number:	CM14-0178091		
Date Assigned:	10/31/2014	Date of Injury:	08/29/1990
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain 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:

This is a 67-year-old male who sustained a remote industrial injury on 8/29/90 diagnosed with chronic pain syndrome and lumbar post-laminectomy syndrome. Mechanism of injury occurred when the patient fell at home due to buckling of his previously industrially injured knees, injuring his back. The patient's previous treatments for the above diagnoses include: conservative care, spinal cord stimulator, epidural steroid injections, multiple back surgeries, and multiple medications, including narcotic medications. The requests for Oxycodone 15mg, Oxycontin 40mg, and Oxycontin 40mg were certified per Utilization Review dated 10/16/14, as the patient has been a long term user of opioids and avoidance of withdrawal represents an extenuating circumstance. The most recent progress note provided is 10/9/14. Patient complains primarily of low back pain that radiates to the lower extremities; the quality of pain is described as numbness. The patient reports muscle aches and arthralgias/joint pain. Physical exam findings reveal an antalgic gait and the patient ambulates with a cane. There is tenderness of the lower back. There are limited ranges of motion in the low back. The neurological exam shows decreased reflexes and sensation. Current pain medications include: Oxycontin 60mg, Oxycontin 40mg, and Oxycodone 15mg. It is documented that the patient is stable on current medications and taking 240mg/day maximum of Oxycontin; they reportedly allow him to walk/get out of the house and help with pain. Provided documents include an Agreed Medical Examination dated 6/20/12, which outlines the history of injuries/ and treatment rendered thus far. It is noted that the patient has been utilizing Oxycontin for over 10 years. Imaging studies provided include an MRI of the lumbar spine, performed on 8/1/11. MRI reveals solid osseous fusion has been achieved at L4-5 and L5-S1; protrusions and facet hypertrophy L2-3 and L3-4 with moderate bilateral foraminal narrowing; at L2-3, right eccentric protrusion asymmetrically crowds the right subarticular gutter

through which the right L3 nerve root traverses. An electrodiagnostic study dated 5/22/12 is provided. Urine drug screen dated 6/7/14 was consistent with medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The CA MTUS requires documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." for patients on chronic opioid therapy. Documentation does not identify recent pain levels, including the use of the visual analogue scale with the use of the three prescriptions of opioids. Additionally, the patient has been utilizing Oxycontin for over 10 years and the combined MED level of the requested opioids is 450, which excessively exceeds MTUS guideline recommendation of no more than 120 MED. Significant functional benefit is also not described. Lastly, the frequency and duration of use are not identified. Given all of the reasons stated above, the requested Oxycontin 60mg #60 is not medically necessary.

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The CA MTUS requires documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patient's on chronic opioid therapy. Documentation does not identify recent pain levels, including the use of the visual analogue scale with the use of the three prescriptions of opioids. Additionally, the patient has been utilizing narcotic medications for over 10 years and the combined MED level of the requested opioids is 450, which excessively exceeds MTUS guideline recommendation of no more than 120 MED. Significant functional benefit is also not described. Lastly, the frequency and duration of use are not identified. Given all of the reasons stated above, the requested Oxycodone 15mg #60 is not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The CA MTUS requires documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patient's on chronic opioid therapy. Documentation does not identify recent pain levels, including the use of the visual analogue scale with the use of the three prescriptions of opioids. Additionally, the patient has been utilizing narcotic medications for over 10 years and the combined MED level of the requested opioids is 450, which excessively exceeds MTUS guideline recommendation of no more than 120 MED. Significant functional benefit is also not described. Lastly, the frequency and duration of use are not identified. Given all of the reasons stated above, the requested Oxycontin 40mg #90 is not medically necessary.