

Case Number:	CM14-0181761		
Date Assigned:	11/06/2014	Date of Injury:	02/28/2002
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Tennessee. 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 59-year-old female with a 2/28/02 date of injury. According to a progress report dated 10/1/14, the patient remained symptomatic with low back pain at the site of intrathecal catheter removal as well as abdominal pain where the pump had been implanted. She remained symptomatic with neuropathic pain in both her upper and lower extremities. She noted 40% improvement in symptoms with her current combination of medications, including Oxycontin, Norco, Neurontin, Zanaflex, Xanax, Prilosec, and Lidoderm patches. Her narcotic medication regimen consisted of Norco 10/325mg 1 po q4h, not to exceed 5 per day, and Oxycontin 20mg plus 10mg every (q) am, 20mg midday, and 10mg in the evening. She noted improvement in pain and improvement in function, and her current medications allowed her to continue her activities of daily living and allowed her to ambulate much more comfortably. Objective findings: moderate tenderness along the midline of the entire thoracic spine with mild muscle spasms in the lower thoracolumbar junction, dysesthesia of upper extremities, moderate swelling in both ankles and feet, hyperesthesia in the left L5 and S1 dermatome. Diagnostic impression: acute flare-up of neuropathic pain, lumbar degenerative disc disease, left greater trochanter bursitis, status post implantation of intrathecal pump on 1/17/13, status post explanations of intrathecal pump and catheter (due to infection) on 7/2/14. Treatment to date: medication management, activity modification, physical therapy, intrathecal narcotic pump, surgery. A UR decision dated 10/1/14 denied the request for Oxycontin. Based on the diagnosis and considering the very chronic nature of the condition and the lack of documented functional improvement with ongoing use of addictive oral opioids and many other pain meds, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 140. Guidelines do not support daily meds above 120 due to the risk of adverse effects, such as sedation. Therefore, the request for Oxycontin 20mg was not medically necessary.