

Case Number:	CM14-0020485		
Date Assigned:	04/30/2014	Date of Injury:	05/22/2000
Decision Date:	10/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 and 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 55 year old male with a reported date of injury on May 22, 2000. The mechanism of injury is not described. The injured worker has back pain and is diagnosed with sprain of lumbar region (847.2). A treating physician's note dated November 18, 2013 documented a subjective complaint of back pain caused by a lifting injury three weeks prior with pain rated at 3/10. The physician also documented a weaning protocol for opioids which he and the patient recently implemented in October of 2013. At the October 02, 2013 visit, the prescribing physician documents the injured work has been on long term opioid therapy and decreased a 240mg dosage of Oxycontin to 120mg. Urine drug screens or toxicology reports are not available. A modified utilization review decision for Oxycontin Tab 20 milligram, quantity 30, at a duration of three months was made to allow for gradual tapering on January 24, 2014. The quantity of thirty was made to permit weaning of total opioid dose to 120mg morphine equivalent dosage (MED) or below.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN TAB 20MG CR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin
Page(s): 92.

Decision rationale: According to CA MTUS guidelines, Oxycontin is long-acting opioids (AKA "controlled-release", "extended-release"), is a highly potent form of opiate analgesic, is recommended for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records do not demonstrate any significant improvement in pain level (i.e. VAS) and/or function with prior use of this medication. In addition, the available records do not show urinary toxicology study in order to monitor the patient compliance. Furthermore, weaning over three months period was previously recommended. Therefore, the medical necessity of request for Oxycontin 20mg has not been established.