

Case Number:	CM14-0028148		
Date Assigned:	06/13/2014	Date of Injury:	10/28/2003
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old male with a date of injury on 10/28/2003. Diagnoses include lumbar degenerative disc disease with radiculopathy, status post microlumbar surgery, status post L4-5 fusion, cervical disc disease with radiculopathy, status post c5-6 fusion, left shoulder arthroscopy, thoracic myofascial syndrome, and renal failure. Subjective complaints are of mid and low back pain, with radiation of pain and tingling down both legs. Physical exam shows tenderness to palpation over the lumbar paraspinal muscles, decreased lumbar range of motion, 3/5 strength, and normal sensory exam. Medications include Oxycontin 30 mg 3 times a day, Oxycodone 10 mg 3 times per day, Docusone, and Topamax. Medications reportedly decrease pain by more than 50% and allows for increased level of activity. Patient had been authorized for a detox program, but needs a facility where he can continue his dialysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is presence of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the use of Oxycontin is medically necessary.

OXYCODONE 10 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is presence of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the use of Oxycodone is medically necessary.