

Case Number:	CM14-0032904		
Date Assigned:	06/20/2014	Date of Injury:	03/01/1995
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Pain Management 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 male patient with a date of injury of 3/1/95. A utilization review determination dated 3/12/14 recommends modification of OxyContin from #120 to #60. The 4/1/14 medical report identifies no change in the symptoms of headache s/p trauma that he has had for years. He has been able to function well on the pain regimen that he has been on for fifteen years. He is not working now, but is the full-time care provider for his disabled wife. No abnormal exam findings are noted. He has chronic headaches that began after his head injury and he has been on a stable pain regimen that he is tolerating. He can perform his ADLs and has never to the provider's knowledge had an event of an adverse nature related to the use of pain medication. The treatment plan was to continue on OxyContin 60 mg, 1 tablet four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg with no refills 30 day supply quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 120. Decision based on Non-MTUS Citation FDA.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Additionally, the FDA notes that there is no clinical information on dosing intervals shorter than every 12 hours. Within the documentation available for review, the provider notes that the patient is stable on his pain regimen, tolerating it, and is able to perform ADLs. However, there is no documentation of appropriate medication use including routine urine drug screening, etc., and the current dosing interval is every 6 hours rather than the 12 recommended by the FDA. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow an appropriate dosage and/or tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.