

Case Number:	CM14-0035486		
Date Assigned:	06/23/2014	Date of Injury:	01/11/2001
Decision Date:	12/10/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational 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 patient is a 68 year old male who developed chronic low back pain subsequent to an injury dated 1/11/2001. He is diagnosed with lumbar disc disease with a bilateral radiculopathy. He is treated with oral analgesics which include OxyContin 40mg TID, Oxycodone 40mg. a day, Valium 10mg BID and Soma QID. Although the narrative states there is 50% improvement in pain and increased activities of daily living (ADLs) from the medications, however no other details are forthcoming and this does not change from narrative to narrative. VAS scores are not reported, detailed daily functioning is not reported. There have been several breaches in responsible Opioid utilization standards. Prescriptions have been reported to have stolen or lost twice. In addition, a CURES report uncovered that OxyContin had also been concurrently prescribed by another physician for a several month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Functional Improvement Measures Page(s): 86, 87, 94; 48.

Decision rationale: MTUS Guidelines have very specific standards for the responsible prescribing of opioid medications. These standards include; prescriptions are only from a single physician, lack of aberrant behaviors (lost or stolen prescriptions), physician standards documenting improvement in pain, and physician standards for documenting improvement in function as a result of the medications. These standards have not been met. Even with the massive amounts (240mg equivalents of Morphine per day) of opioid medications there is no reporting of VAS scores or detailed functional measurements. In addition there have been several breaches in opioid contract standards including dual prescribers of the same opioid. The problematic opioid use is concurrent with utilizing other highly addictive medications that are not guideline supported. Under these circumstances, guidelines do not support the ongoing massive level of opioid use. Therefore, OxyContin 40mg #90 is not medically necessary.

Oxycodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Functional Improvement Measures Page(s): 86, 87, 94; 48.

Decision rationale: MTUS Guidelines have very specific standards for the responsible prescribing of opioid medications. These standards include; prescriptions are only from a single physician, lack of aberrant behaviors (lost or stolen prescriptions), physician standards documenting improvement in pain, and physician standards for documenting improvement in function as a result of the medications. These standards have not been met. Even with the massive amounts (240mg equivalents of Morphine per day) of opioid medications there is no reporting of VAS scores or detailed functional measurements. In addition there have been several breaches in opioid contract standards including dual prescribers of the same opioid. The problematic opioid use is concurrent with utilizing other highly addictive medications that are not guideline supported. Under these circumstances, guidelines do not support the ongoing massive level of opioid use. Therefore, Oxycodone 10mg/325mg #120 is not medically necessary.