MAXIMUS Federal Services

Case Number:	CM14-0035556		
Date Assigned:	06/23/2014	Date of Injury:	04/29/1983
Decision Date:	08/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 66 year old female who was being followed up for low back pain . The date of injury was 04/29/1983 and the mechanism of injury was not reported in the available documentation. No further information regarding the initial evaluation and treatment was available. During her visit in 02/26/14, she was noted to have low back pain with right greater than left leg pain. Her medications included Oxycontin 50mg every 12 hours, Oxycodone IR 5mg PRN, Estrace, Lidoderm patch, aspirin, Protonix, Lipitor, Zetia, Levothyroxine, Amlodipine, Prednisone, Fosamax, Amitriptyline and Sennakot. She was noted to have occasional flares with untoward activity such as prolonged sitting or trying to playing with granddaughter. She was noted to have tried in past to decrease opioids with resulant increase in pain. She didn't show signs of hyperalgesia or tolerance and was on the same dose. She had not been going to gym regularly and was deconditioned. Her symptoms included diminished sexual function, dysphagia, constipation, increased pain, confusion, forgetfulness and anxiety. Her Pain was said to have improved from 9.5 to 4.5 on a visual numeric pain scale. Overall pain was reported to be slightly worse with no change in psychological state and activity level was noted to be stable. Diagnoses included pain disorder, mood disorder, opioid dependency-therapeutic, lumbar degenerative disc disease and status post lumbar fusion. The plan of care included Oxycontin 50mg PO every 12 hours, Oxycodone as needed, Lidoderm patch, continuing gym program, bowel management and follow-up in 2 months. Her urine drug screen was consistent with taking oxycodone and oxymorphone in 2011. She was reported not to be working per the peer to peer discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 77-80.

Decision rationale: The employee was being treated for low back pain and leg pain. She was being treated with Oxycontin for multiple years and had been on a stable dose. She had not returned to work and was having unchanged pain with occasional flare ups. She was also noted to have constipation, anxiety and forgetfulness. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Oxycontin 50mg PO every 12 hours for a long time. Even though, there is documentation that she didn't have opioid induced hyperalgesia or tolerance, there is no evidence that there is functional improvement from taking Oxycontin. Her pain level is reported to be moderately severe with flare-ups. She was reported not to be working and there is also documentation that she was not following a home exercise program. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Oxycontin 40mg twice daily for 3 months (#180 tablets) have not been met.