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| Case Number: | CM14-0067641 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/07/2004 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 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 who reported an injury on 04/07/2004. The mechanism of injury was repetitive duties. His diagnoses include brachial neuritis or radiculitis, postlaminectomy syndrome of the cervical region, lumbar disc degeneration, lumbosacral spondylosis without myelopathy, myofascial pain syndrome, and spasm of muscle. His previous treatments were noted to include chiropractic care, physical therapy, NSAIDs, psychotherapy, spinal surgery, trigger point injections, acupuncture, massage, use of an electrical muscle stimulator, epidural steroid injections, opioids, sleep medications, and antidepressants. A 07/01/2014 clinical note indicated that the injured worker presented with pain in the bilateral upper extremities, neck, and bilateral shoulders. He rated his pain 7/10 at that visit and reported an average pain level of an 8.5/10. It was noted that the injured worker denied improvement since his last visit. His medications were noted to include lunesta 2 mg, oxycodone 30 mg, oxycontin 80 mg, morphine ER 60 mg, zohydro ER 30 mg, effexor XR 150 mg, nexium 40 mg, and remeron 45 mg. He also indicated that his medications were not effective and he had side effects of constipation. It was also noted that the injured worker showed no evidence of medication dependency or abuse. His treatment plan included medication refills, including oxycodone 30 mg 4 times a day as needed for pain, quantity 120. A request was received for OxyContin 80 mg #81; however, a rationale and Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #81: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing management Neuropathic pain Dosing Pain treatment agreement Page(s): 74-97, 78, 82, 86, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had an increase in his pain level reported at his most recent visit. In addition, he reported side effects of constipation. He was noted to not show any evidence of noncompliance for abuse. His treatment plan includes medication refills; however, oxycontin 80 mg #81 was not noted to have been recommended within the most recent clinical note. Based on the documentation indicating that the injured worker reported no relief with use of his medications, further clarification would be needed regarding the continued use of oxycontin 80 mg at this time. In addition, a detailed pain assessment was not included with objective pain levels prior to use and after use of medications. Therefore, the criteria for ongoing use of opioid medications have not been met at this time. As such, the request is not medically necessary.