

Case Number:	CM14-0083819		
Date Assigned:	09/18/2014	Date of Injury:	07/02/1999
Decision Date:	10/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Geriatrics and is licensed to practice in New York. 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 60 year old man with a date of injury of 7/2/99. He was seen by his physician on 6/26/14 with complaints of severe back pain, muscle spasms and weight loss. He said he was diagnosed with possible pancreatic cancer. He reported 50% reduction in pain and 50% improvement in function with medications. His medications included trazadone, oxycontin, oxycodone, zantac and ibuprofen. His exam showed a possible area of organomegaly in the left upper quadrant. His low back had palpable rigidity suggesting spasm. His range of motion was limited and he had bilateral positive straight leg raises. He could ambulate with a limp in the right lower extremity. His diagnoses included status post post fusion of L3-4 and L4-5 with chronic back pain and muscle spasms and dysesthesias in both legs. Prior EMG studies were normal in the lower extremities. At issue in this review is the refill of oxycontin and oxycodone. Length of prior therapy is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 60 year old injured worker has chronic back pain with an injury sustained in 1999. The possible diagnosis of pancreatic cancer is not clear. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any significant improvement in pain, functional status or review side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The oxycontin's medical necessity is not substantiated.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 60 year old injured worker has chronic back pain with an injury sustained in 1999. The possible diagnosis of pancreatic cancer is not clear. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any significant improvement in pain, functional status or review side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The oxycodone's medical necessity is not substantiated.