

Case Number:	CM14-0087898		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2003
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Internal 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:

Patient is an injured worker with a lumbosacral spine condition. Date of injury was 01-28-2003. Regarding the mechanism of injury, on 01-28-2003, he was working on his knees chiseling concrete and the next morning had severe back pain. He is status post discectomy and anterior intervertebral body fusion L4-L5 and L5-S1 performed in 2005. Progress report dated 05/21/2014 documented subjective complaints of lower back pain, left lower extremity pain and right lower extremity pain. Objective findings included lumbar bilateral tenderness, tight muscle band and trigger point, paravertebral muscles L2 and L3 spinous process tenderness, positive lumbar facet loading on both the sides. Current medications included Oxycontin 80 mg, Ativan 2 mg, Ibuprofen 800 mg, and Oxycodone 10 mg. Diagnoses were lumbosacral neuritis radiculitis, sacroiliitis, lumbosacral spondylosis, postlaminectomy syndrome of lumbar region. Treatment plan included refill of Oxycodone. Progress report dated 01-29-2014 documented that the urine drug screen showed the presence of ETOH ethyl alcohol (ethanol). Urine drug screen tests collected on 01-29-2014, 11-05-13, and 07-23-13 were positive for Alpha-HydroxyAlprazolam, Ethyl glucuronide, Ethyl sulfate, and were inconsistent with the reported medication list. Reported prescriptions on 01-29-2014, 11-05-13, and 07-23-13 were Ativan, Ibuprofen, Oxycodone, OxyContin. Urine drug screen tests collected on 04-23-2014 was positive for Alpha-HydroxyAlprazolam and Alprazolam, which was inconsistent with the reported prescriptions of Ativan and Oxycodone. Utilization review determination date was 06-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-93.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information Oxycodone <http://www.drugs.com/pro/oxycodone.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. Immediate discontinuation of opioid medications should be considered when there is evidence of illegal activity including diversion. Concurrent use of alcohol, as detected on urine screens, is adverse behavior and an indicator of addiction. Aberrant drug-related behaviors is a domain of opioid monitoring. Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, are recommended actions. The lowest possible dose should be prescribed to improve pain and function. It is recommend that dosing not exceed 120 mg oral morphine equivalents per day. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. FDA guidelines state that patients should not combine Oxycodone with alcohol. The patient's medication regimen of OxyContin and Oxycodone are equivalent to over 300 oral morphine equivalents per day, which exceeds MTUS guidelines. Multiple urine drug screens have evidence of alcohol use. Multiple urine drug screens were inconsistent. Given the multiple aberrant urine drug screen tests, the OxyContin prescription is not recommended. Therefore, the request for is not medically necessary.

Oxycodone HCL 10 MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-93.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information Oxycodone <http://www.drugs.com/pro/oxycodone.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. Immediate discontinuation of opioid medications should be considered when there is evidence of illegal activity including diversion. Concurrent use of alcohol, as detected on urine screens, is adverse behavior and an indicator of addiction. Aberrant drug-related behaviors is a domain of opioid monitoring. Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, are recommended actions. The lowest possible dose should be prescribed to improve pain and function. It is recommend that

dosing not exceed 120 mg oral morphine equivalents per day. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. FDA guidelines state that patients should not combine Oxycodone with alcohol. The patient's medication regimen of OxyContin and Oxycodone are equivalent to over 300 oral morphine equivalents per day, which exceeds MTUS guidelines. Multiple urine drug screens have evidence of alcohol use. Multiple urine drug screens were inconsistent. Given the multiple aberrant urine drug screen tests, the Oxycodone prescription is not recommended. Therefore, the request is not medically necessary.