

Case Number:	CM14-0089508		
Date Assigned:	07/30/2014	Date of Injury:	01/11/2001
Decision Date:	09/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 56 year old female who sustained an injury on 01/11/01. No specific mechanism of injury was noted. The injured worker had been followed for degenerative disc disease in the lumbar spine and was recommended for lumbar fusion. Prior treatment also included physical therapy as well as medication management. Medications were noted to include Oxycodone 20 mg CR every 12 hours; however, this was being utilized 4 times daily. The injured worker was also utilizing Ibuprofen, Omeprazole and Lansoprazole. As of 09/26/13, the injured worker reported her low back pain had been unchanged. No specific pain scores were noted. The injured worker's physical examination was reported within normal limits. At this evaluation the Oxycodone 20 mg was discontinued and the injured worker was prescribed Oxycodone 60 mg to be utilized 4 times daily. The follow up on 12/27/13 noted no change in the injured worker's complaints. The injured worker's physical examination was unchanged as well. At this visit, Oxycodone was continued at 20 mg 4 times daily. The retrospective request for OxyContin CR #360 prescribed on 09/26/13 and 12/27/13 were both denied by utilization review on 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Oxycontin CR 3 tabs PO QID (by mouth four times daily) #360
DOS 9/26/13: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of OxyContin CR #360 prescribed on 09/26/13, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted for review as well as current evidence based guidelines. The injured worker was noted to be utilizing a substantial amount of OxyContin well above the maximum recommended by current evidence based guidelines set at 100 mg morphine equivalent dosage per day. The clinical documentation submitted for review did not identify any significant functional improvement or pain reduction with the use of this medication. It is unclear why the injured worker was utilizing a controlled release Oxycodone designed for around the clock pain control up to 4 times daily as an immediate release formulation. Given the absence of any clear functional improvement or objective pain reduction with the use of this medication, this reviewer would not have recommended this request as medically necessary.

Retrospective review of Oxycontin CR 3 tabs PO QID (by mouth four times daily) #360 DOS 12/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of OxyContin CR #360 prescribed on 12/27/13, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted for review as well as current evidence based guidelines. The injured worker was noted to be utilizing a substantial amount of OxyContin well above the maximum recommended by current evidence based guidelines set at 100 mg morphine equivalent dosage per day. The clinical documentation submitted for review did not identify any significant functional improvement or pain reduction with the use of this medication. It is unclear why the injured worker was utilizing a controlled release Oxycodone designed for around the clock pain control up to 4 times daily as an immediate release formulation. Given the absence of any clear functional improvement or objective pain reduction with the use of this medication, this reviewer would not have recommended this request as medically necessary.