

Case Number:	CM14-0133614		
Date Assigned:	08/27/2014	Date of Injury:	08/08/2001
Decision Date:	02/28/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male with a date of injury as 08/08/2001. The cause of the injury was not included in the documentation received. The current diagnoses include failed back syndrome-cervical pain, bilateral osteoarthritis-knee, and bilateral leg pain. Previous treatments include oral and topical medications, home exercise program, and was approved for a functional restoration program but it is unknown whether the injured worker attended. Secondary treating physician's reports dated 02/03/2014 through 04/28/2014, and urine drug screenings dated 03/03/2014 and 06/23/2014 were included in the documentation submitted for review. Report dated 04/28/2014 noted that the injured worker presented with complaints that included chronic neck pain that radiates to the bilateral upper extremities, chronic bilateral lower extremity pain, and history of headaches. Current medication regimen includes Oxycodone extended release, ambien, Voltaren gel, and Percet. Physical examination revealed bilateral tenderness in the neck and low back, decreased range of motion of the cervical and lumbar spine, and decreased range of motion in the bilateral knees with palpable crepitus upon ranging. Urine drug screenings submitted were consistent with prescribed medications. Report dated 03/28/2014 note that medications help with about half of his symptoms and it allows him to get out of bed and do some walking. It was further noted that the injured worker desired to come off all of his currently prescribed medications and felt that an inpatient detox center would be more appropriate setting for him to come off his medications. Report dated 03/03/2014 again indicates that the injured worker desires to be weaned off the current medication regimen as he has been on these medications for a long time. The injured worker's work status was not included in the

documentation submitted. The utilization review performed on 08/12/2014 modified the request for Oxycontin based on no current urine drug screening, no CURES report, no copy of the opioid contract, and no psychological evaluation to assess for potential misuse/abuse. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, QTY: 30, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycontin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin along with Percocets for months without significant improvement in pain or function. There was no recent agreement for opioid use. There was no indication of Tylenol or NSAID failure. Length of prior Oxycontin use was not specified. The continued use of Oxycontin is not medically necessary.