

Case Number:	CM14-0156981		
Date Assigned:	09/29/2014	Date of Injury:	10/12/2000
Decision Date:	09/15/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 10-12-2000. She subsequently reported back pain. Diagnoses include degenerative disc disease, lumbar sprain and strain and reflex sympathetic dystrophy. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience bilateral neck pain and lumbar spasms. Upon examination, antalgic gait was noted. Tenderness and spasm are noted bilaterally. Lumbar range of motion is reduced. Lumbar ranges of motion produce pain. Lumbar spasm is noted. A request for OxyContin 80mg #120 with 2 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation OxyContin Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen, pain was rated at 8/10. There was cervical and lumbar tenderness and lumbar paraspinal muscle spasms. There was decreased right upper extremity sensation. There were findings consistent with bilateral upper extremity CRPS. There was an antalgic gait. OxyContin and oxycodone prescribed at a total MED (morphine equivalent dose) of 480 mg per day. OxyContin was being prescribed with dosing instructions of 80 to 160 mg Q12 hours. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is four times that recommended and the claimant has ongoing severe pain. Additionally, accepted OxyContin dosing is regular administration at 12 or 8 hour intervals. It is not taken on an as needed basis. In this case, it is not being prescribed correctly and is not medically necessary for this reason as well.