

Case Number:	CM14-0171933		
Date Assigned:	10/23/2014	Date of Injury:	02/23/1991
Decision Date:	04/03/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 63 year old male, who sustained an industrial injury on February 23, 1991. The diagnoses have included lumbar post-laminectomy syndrome, and chronic pain syndrome. He has a history of previous back surgeries and has been treated with epidural injections and medications. Currently, the injured worker complains of chronic low back pain. He reports that his pain is poorly localized and the pain radiates to the left lower extremity. The pain is described as burning, throbbing and tingling pain and he rates it a 6 on a 10 point scale. The pain is constant and variable in intensity. He reports numbness and tingling of the left lower extremity. The pain is alleviated with medication and walking and aggravated with driving and sitting. On October 14, 2014, Utilization Review non-certified a request for OxyContin 40 mg, extended release #150, noting that a tapering of the medication by 10% is recommended with the goal of achieving a morphine equivalent of 120 mg or less on a daily basis.. The Official Disability Guidelines was cited. On October 17, 2014, the injured worker submitted an application for IMR for review of OxyContin 40 mg, extended release #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, extended release, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycontin extended release is an extended release preparation of the opioid, oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient takes up to 200 mg of oxycontin ER daily and up to 90 mg of oxycodone. This is equal to 435 mg morphine equivalents daily. This surpasses the maximum daily dose of 120 morphine mg morphine equivalents. The request should not be authorized.