

Case Number:	CM14-0178385		
Date Assigned:	10/31/2014	Date of Injury:	05/29/1990
Decision Date:	01/16/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The injured worker is a 60-year-old woman with a date of injury of May 29, 1990. The mechanism of injury occurred when the injured worker slipped and fell while helping a patient. She hit her coccyx on the wheel of a rolling stool or chair. Plain x-rays were negative. The current diagnoses are chronic low back pain, lower back to legs bilaterally; L4-L5 partial discectomy; subsequent additional partial discectomy, developed left foot and lower leg numbness; urinary incontinence since 2nd surgery; 12-15 epidurals with little success; right sciatica; left wrist fracture, casted; and lumbar disc displacement without myelopathy. Pursuant to a progress note dated August 27, 2014, the injured worker presents for medication refills. The provider spent over 2 hours with her, listening to her talk about various things, most of which were not clinically relevant to her care. Objectively, there is no evidence of joint pain, tenderness or deformity. Full range of motion was intact in all muscle groups. Current relative medications include Vicodin Hp 10/300mg, OxyContin 20mg, and Gabapentin 600mg. The injured worker takes a variety of other medications for diabetes and hypertension, and high cholesterol. The current request is for OxyContin ER 20mg TID #180 (2 refills). The earliest progress note in the medical record is dated July of 2014. The provider states, "I am unwilling to continue her narcotics at current levels until and unless she is willing to convince me that she requires such large doses of narcotics. I am unwilling to jeopardize my license for an uncooperative, indignant, and augmentative patient." The provider documents in the same note, that he will reduce the OxyContin to #180 per month, providing 40mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin ER 20mg TID, #180, refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opioids

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin ER 20 mg TID #180 with 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany ongoing chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the earliest progress note is dated July 2014. The treating physician states in his record "I am unwilling to continue her narcotics at current levels until and unless she is willing to convince me that she requires such large doses of narcotics. I am unwilling to jeopardize my license for uncooperative, indignant and argumentative patient." In the July 2014 note the quantities are not listed for Vicodin and OxyContin. The injured worker was advised she would need to reduce her narcotics in a stepwise fashion. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement in the medical record. The Morphine equivalent dose was higher than the recommended value of 120. Consequently, based on the documentation in the medical record, lack of documentation as to objective functional improvement, and the long-term use with tapering of OxyContin ER 20 mg, OxyContin ER 20 mg TID #180 with two refills is not medically necessary.