

Case Number:	CM14-0178413		
Date Assigned:	11/03/2014	Date of Injury:	04/01/2008
Decision Date:	01/02/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Arizona. 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 man with a work related injury dated 4/1/08 resulting in chronic pain in the back. The patient is evaluated by the primary treating physician on 9/15/14. The patient continued to complain of constant intractable upper and lower back pain that is controlled by current medications. The exam shows that the range of motion is decreased and the patient is unable to perform heel-toe gait with the right leg. The diagnosis includes lumbosacral radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine and 10mm disc protrusion at L5-S1 level. The treatment plan is for continued OxyContin 30mg #60 and Ambient 10mg #45 with Norco 10/325mg for breakthrough pain. There is no documentation regarding functional improvement. The only urine drug screen is from 5/8/14 and is negative for Oxycodone. Under consideration is the continued medical necessity for OxyContin 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #60 for 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Oxycontin is a long-acting opioid used to stabilize medication levels and provide around-the-clock analgesia to patients with chronic pain. According to the MTUS the use of opioid pain medication appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16weeks), but also appears limited. For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support a functional improvement. The continued use of OxyContin 30mg # 60 is not medically necessary.