

Case Number:	CM14-0187590		
Date Assigned:	11/17/2014	Date of Injury:	07/12/2007
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 (IW) is a 52-year-old man with a date of injury of July 12, 2007. The mechanism of injury was not documented in the medical record. Pursuant to the Treating Physician's Progress Report dated September 3, 2014, the IW complains of right inguinal pain. He reports that he has had hernia repair in the past. He feels like the pain is coming back again. He takes OxyContin 2 tablets twice a day. He reports that he still has pain, which is 10/10 without medications and 8/10 with medications. He is requesting more medication. Physical examination revealed tenderness in the mid-epigastric region of his abdomen. There is a surgical mark noted in the periumbilical region noted. There is no rebound or rigidity noted. On the right shoulder, there is a positive impingement sign noted. The IW has been diagnosed with hypertension, rule out sleep apnea disorder, GERD, orthopedic condition, bilateral shoulder impingement syndrome, lumbar radiculopathy, and rule out inguinal hernia. The provider documents that he had a long discussion with the IW about his medication use. He reports that the IW has been on OxyContin for a long period of time and he can no longer continue to take the medication for the rest of his life. A CT abdomen/pelvis was ordered to rule out hernia. Also, due to narcotic dependence, the provider requested authorization for the IW to be enrolled in a detox program. There were several urine drug screens in the medical record dating from July of 2014 to November 2014, which revealed inconsistent results. The report states that the test result is not expected with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg # 120: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 80 mg #120 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 pain assessment should accompany the use of opiates. 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. With chronic ongoing opiate use a risk assessment should be performed to determine whether the injured worker/patient is at low risk, intermediate or high risk for drug misuse or abuse. In this case, the working diagnoses are hypertension, rule out sleep apnea, gastroesophageal reflux disease, orthopedic condition, bilateral shoulder impingement syndrome, lumbar radiculopathy, and rule out inguinal hernia as of a September 3, 2014 progress note. The discussion section states: "Also, due to his narcotic dependence I will request authorization for the patient to be enrolled in a detox program." A urine toxicology was performed on September 14, 2014. There were multiple inconsistencies in the specimen. There was no documentation or follow-up associated with the inconsistencies compatible with taking additional non-prescribed opiates. The injured worker has been taking OxyContin as early as June 2012. That's the earliest documentation, however, it is unclear whether the injured worker was taking OxyContin prior to that date. There is no documentation of objective functional improvement. Consequently, OxyContin 80 mg #120 is not medically necessary due to the inconsistent urine drug screen, the treating physician's impression of narcotic dependency and the high risk for drug misuse. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, OxyContin 80 mg #120 is not medically necessary.