

Case Number:	CM14-0188465		
Date Assigned:	12/05/2014	Date of Injury:	05/24/2002
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 69 year-old female who was injured on 5/24/02. She complains of upper and lower back pain. On exam, she had tender cervical and lumbar spine with spasms and decreased cervical range of motion. She was diagnosed with cervical spondylosis without myelopathy, cervical facet arthropathy, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, myofascial spasms of the bilateral upper back and neck, and cervical cephalgia. Her medications included opioids and muscle relaxants. The patient continued with pain and did not have documented functional improvement. The current request is for continued use of Oxycodone and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Oxycontin 60mg #90: 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 Opioids Page(s): 78-79, 86-87.

Decision rationale: The request for Oxycontin is not medically necessary. The patient has been taking Oxycontin for cervical and lumbar. The chart does not provide any documentation of

improvement in pain and function with the use of Oxycontin. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief Oxycontin provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Oxycontin, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Oxycontin outweigh the benefits. The prescription for both opioids also exceeds the limit of 120mg oral morphine equivalents per day. Therefore, the request is considered not medically necessary.

1 Prescription for Oxycodone 15mg #240: 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 Opioids Page(s): 78-79, 86-87.

Decision rationale: The request for Oxycodone is not medically necessary. The patient has been taking Oxycodone for cervical and lumbar. The chart does not provide any documentation of improvement in pain and function with the use of Oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief Oxycodone provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Oxycodone outweigh the benefits. The prescription for both opioids also exceeds the limit of 120mg oral morphine equivalents per day. The request is considered not medically necessary.