

Case Number:	CM14-0189646		
Date Assigned:	11/20/2014	Date of Injury:	08/05/2002
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
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 Emergency 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:

This is an injured worker with a date of injury of 8/5/2002. No mechanism of injury was described. Injured worker has a diagnosis of anxiety, cervicalgia, chronic pain, constipation, depression, low back pain, lumbar degenerative disc disease, lumbar radiculopathy, myofascial pain, morbid obesity and insomnia. Medical reports reviewed. Last report available until 10/6/14. Injured worker complains of low back pain with flares. Pain radiates to both legs. Reportedly going to physical therapy. Her dose of OxyContin was reportedly decreased but pain has not changed. Objective exam reveals antalgic gait, myofascial tenderness to lumbosacral region. Medications include Neurontin, Amitriptyline, Seroquel, Xanax, Aspirin, Atenolol, Lisinopril, Cymbalta, Dilaudid, Tizanidine, Lunesta and Oxycontin. Independent Medical Review is for Oxycontin 30mg #90. Prior UR on 10/14/14 recommended modification to #60 tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is documentation of improvement in activity of daily living and pain, however injured worker reported persistent severe pain even with such high dose pain medications does not correlate with claims of improvement in pain with medications. Injured worker also continues to have significant impairment from pain despite ongoing therapy. The amount of Oxycontin alone that injured worker is taking equates to 175mg MED (Morphine Equivalent Dose) which exceed the safe amount of 120mg MED per day as recommended by MTUS guidelines. In combination with Dilaudid, Norco and other medications, injured worker is taking an excess amount of opioids. There is documented attempt to wean injured worker off Oxycontin from 40mg down to 30mg three times a day with no worsening of pain which support that injured worker is taking excess amounts of opioids with actual benefit. Injured worker is on excessive amount of opioids and is not recommended by MTUS Chronic pain guidelines. There is a high risk of side effects at such high dose and despite claims of "improvement"; objective improvement in pain and function does not correlate with such claims. The dosing of three times a day dose is appropriate to recommended twice a day dosing as per FDA labeling. The request for Oxycontin is not medically necessary.