

Case Number:	CM14-0206782		
Date Assigned:	12/18/2014	Date of Injury:	10/09/2007
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Emergency Medicine and is licensed to practice in 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 male with a date of injury as 10/09/2007. The cause of the injury was not included in the documentation received. The current diagnoses include myofascial sprain and strain of lumbosacral spine, chronic and industrial, degenerative disc disease, and lumbar radiculopathy. Previous treatments include multiple medications, hot packs/ ice packs, and home exercise program. Primary treating physician's reports dated 05/27/2014 through 12/18/2014 were included in the documentation submitted for review. Report dated 12/18/2014 noted that the injured worker presented with complaints that included pain on the lower back radiating to the right lower extremity, pain level was 5-6 out of 10. It was noted that the injured worker was taking Oxycontin and Norco for break through pain which helps to decrease pain level to 3-4 out of 10. Physical examination revealed decreased lordosis, tenderness to palpation in the lumbar spine and paraspinal muscles with minimal stiffness, range of motion is painful and restricted, radicular pain in the L5-S1 distribution, and gait is slow. Documentation submitted supports that the injured worker has been prescribed Oxycontin since 05/27/2014 and the pain level has remained 5-6 out of 10. The utilization reviewer documented that the injured worker's last authorization for Oxycontin was authorized for weaning purposes. None of the documentation submitted supports that the injured worker has decreased the use of the Oxycontin. The injured worker is permanent & stationary. The utilization review performed on 11/24/2014 non-certified a prescription for Oxycontin based on lack of evidence to support long term use. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for Chronic Pain

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

Decision rationale: Oxycontin is a long-acting preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been taking oxycontin since at least May 2014 and had not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.