

Case Number:	CM14-0208391		
Date Assigned:	12/22/2014	Date of Injury:	08/29/1990
Decision Date:	02/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 Practice 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:

68 yr .old male claimant sustained a work injury on 8/29/90 involving the low back. He had undergone a lumbar laminectomy and developed post laminectomy syndrome. In addition he had previously undergone knee surgery and implantation of a spinal cord stimulator. A progress note on December 3, 2014 indicated the claimant had fallen a month previously and the OxyContin he had been on had been increased. Exam findings were notable for tenderness in the paraspinal regions and reduced range of motion. He had decreased sensation in the knees, legs and feet. The claimant remained on OxyContin 60 mg twice a day, Oxycodone on 15 mg twice a day, OxyContin 40 mg three times a day. The claimant has been on OxyContin since at least 2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 60mg #60; no fill until January: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or

compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for nearly a decade without significant improvement in pain or function. The guidelines recommend not to increased opioids beyond a 120 mg morphine equivalent. The combined doses of all the opioids exceed this amount. There's no indication of failure of other medications. Long-term use of opioids can lead to addiction and has diminishing benefit. The continued use of OxyContin is not medically necessary.

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, Oxycodone it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for nearly a decade without significant improvement in pain or function. The guidelines recommend not to increased opioids beyond a 120 mg morphine equivalent. The combined doses of all the opioids exceed this amount. There's no indication of failure of other medications. Long-term use of opioids can lead to addiction and has diminishing benefit. The continued use of Oxycodone is not medically necessary.

Oxycodone 15mg #60; no fill until January: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, Oxycodone it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for nearly a decade without significant improvement in pain or function. The guidelines recommend not to increased opioids beyond a 120 mg morphine equivalent. The combined doses of all the opioids exceed this amount. There's no indication of failure of other medications. Long-term use of opioids can lead to addiction and has diminishing benefit. The continued use of Oxycodone is not medically necessary.

OxyContin 40mg #90; no fill until January: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on OxyContin for nearly a decade without significant improvement in pain or function. The guidelines recommend not to increased opioids beyond a 120 mg morphine equivalent. The combined doses of all the opioids exceed this amount. There's no indication of failure of other medications. Long-term use of opioids can lead to addiction and has diminishing benefit. The continued use of OxyContin is not medically necessary.