

Case Number:	CM14-0210166		
Date Assigned:	12/23/2014	Date of Injury:	12/11/1997
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 Arizona. 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 57year old man with a work related injury dated 12/11/1997 resulting in chronic pain of the low back with a diagnosis of post-laminectomy syndrome. The patient was evaluated by the pain specialist on 11/22/14. He continued to complain of low back and right foot pain that had not improved. The patient states his pain is 10/10 without medication and that is decreases to 5/10 with the opioid analgesic medication. He reports ability to do ADLs with the pain medications and denies any adverse drug effects. The patient has been taking these medications since at least 7/14 and has not returned to work. The physical exam showed an antalgic gait, a decrease in the range of motion of the cervical and lumbar spine and tenderness to palpation with muscle spasm of the paravertebral muscles. The plan of care includes continued use of opioid analgesic medications, Home exercise program and a urine toxicology screen. Under consideration is the medical necessity of the continued use of Oxycontin 80mg #60 and Oxycodone 15mg from 11/20/14 through 1/30/15, which was modified during utilization review dated 12/4/14 to allow for Oxycontin 80mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 80mg, #60 between 11/20/14 and 1/30/15: Overturned

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

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

Decision rationale: Oxycontin is a long-acting opioid used to stabilize medication levels and provide around-the-clock analgesia to patients with chronic pain. According to the MTUS the use of opioid pain medication appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16weeks), but also appears limited. For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case the patient is under the care of a pain specialist. His pain is adequately managed by the current doses of oxycodone and the patient does not have any adverse side effects. It is documented that his function is improved with the use of the pain medications and he is being properly monitored with frequent visits to his provider (follow up is planned in 4 weeks) and urine toxicology testing. The continued use of long acting OxyContin is medically appropriate.

1 Prescription of Oxycodone HCL 15mg between 11/20/14 and 1/30/15: Overturned

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

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

Decision rationale: For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case the patient is under the care of a pain specialist. His pain is adequately managed by the current doses of oxycodone and the patient does not have any adverse side effects. It is documented that his function is improved with the use of the pain medications and he is being properly monitored with frequent visits to his provider (follow up is planned in 4 weeks) and urine toxicology testing. The continued use of long acting Oxycodone is medically appropriate.