

Case Number:	CM14-0218937		
Date Assigned:	01/09/2015	Date of Injury:	08/20/2005
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49-year-old male, who sustained an industrial injury on 08/20/2005. He has reported sustaining multiple injuries including an extensive injury to his pelvis after being trapped between a fork lift and a metal rail. Diagnoses include arthropathy of the pelvis, chronic pain due to trauma, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, cervical spondylosis without myelopathy, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included medication regimen, electromyogram of the upper extremities, magnetic resonance imaging of the cervical spine, use of a transcutaneous electrical nerve stimulation unit, sacroiliac injections, ilioinguinal and iliohypogastric nerve blocks, transforaminal epidural steroid injection, status post hip surgery in 2005, and physical therapy. In a progress note dated 12/16/2014 the treating provider reports left hip, low back, left leg, and neck pain with a pain rating of two to three on a scale of one to ten with medication and a seven to ten on a scale of one to ten without medications. The treating physician requested the medication OxyContin for pain, but did not indicate the specific reason for this requested medication. On 12/30/2014 Utilization Review modified the requested treatment of OxyContin 60mg for a quantity of 60 to OxyContin 60 mg with a quantity of 36, noting the Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines: Opioids, pages 80 to 83 and page 86 and Weaning of Medications, page 124.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 MG Qty 60: 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): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient to his medications. Based on the above, the prescription of Oxycontin 60 mg #60 is not medically necessary.