

Case Number:	CM15-0003223		
Date Assigned:	01/14/2015	Date of Injury:	11/04/2009
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial injury on 11/04/2009. He has reported subsequent neck and upper back pain and was diagnosed with cervical pain and post-cervical laminectomy syndrome. There are associated diagnoses of anxiety, insomnia and depression. Treatment to date has included oral and topical pain medication. Oxycontin was a chronic medication since at least 06/24/2014. PR-2 reports from 06/02/2014-12/04/2014 show that the injured worker's pain was not well controlled even with the use of medication. The lowest pain rating was a 6/10 and sleep quality was noted as being poor. A progress note from 12/04/2014 shows that the injured worker's neck pain continued and was rated as a 9/10 with medications and 10/10 without medications. He was noted to be angry, anxious and depressed. The injured worker was not trying any other therapies for pain relief. Objective examination findings were notable for an antalgic gait, clonus and positive Babinski reflex, restricted range of motion in the cervical spine and shoulder, spasm and tenderness of the thoracic paravertebral muscles and tenderness to the acromioclavicular joint and biceps groove. The medications listed are OxyContin, Vimovo and Cialis. A request for refill of Oxycontin was made for continued pain relief. On 12/19/2014, Utilization Review modified a request from Oxycontin 40 mg CR to #60 with recommendation to wean over the next 2-3 months, noting that there is no evidence of significant pain relief with opioid use. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 40mg CR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78, 80-82, 86-87, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactions with other sedatives. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic actions be utilized in chronic pain patients with significant psychosomatic symptoms. The records indicate that the patient have significant psychosomatic symptoms, neuropathy and insomnia. There is no documentation of the use of non opioid co-analgesic medications. There is no documentation of the guidelines required compliance monitoring including serial UDS, absence of aberrant behavior and functional restoration. The records did not show that the patient failed treatment with standard NSAIDs and PT. The criteria for the use of Oxycontin 40mg CR was not met. The guidelines require that standard weaning protocol be followed during weaning of patients on chronic opioid medications.