

Case Number:	CM15-0006198		
Date Assigned:	01/20/2015	Date of Injury:	12/07/1993
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 53 year old woman sustained an industrial injury on 12/7/1993. The mechanism of injury was not detailed. Current diagnoses include postlaminectomy syndrome of lumbar region, lumbosacral radiculitis, ankle joint pain, and chronic pain syndrome. Treatment has included oral medications, physical therapy, pool therapy, heat and cold, traction, surgical intervention, facet block, and epidural steroid injection. Physician notes dated 11/26/2014 show complaints of back pain. Recommendations include refilling medications and follow up with another physician for lumbar injection. On 12/22/2014, Utilization Review evaluated a prescription for oxycontin 20mg #90 with one refill, that was submitted on 1/5/2015. The physician noted that the worker is exceeding the maximum morphine equivalent for chronic pain per the APS guidelines. The MTUS, ACOEM (or ODG) Guidelines was cited. the request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90 x 1 refill 11-26-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has an extended history of chronic pain with multiple surgeries. She is being treated with multiple pain medications. Pain is rated at 10/10, and there is no indication that the use of opioid pain medications is providing significant relief and objective functional improvement. She is working part time as a morning cashier, sleeps in a recliner, and reports increased pain. The opioid pain medication dosing is high, and medical necessity for chronic opioid use has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 20mg #90 x 1 refill 11-26-14 is determined to not be medically necessary.