

Case Number:	CM15-0009453		
Date Assigned:	01/27/2015	Date of Injury:	09/19/1998
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury reported on 9/19/1998. She has reported a significant decline in quality of life and anxiety about a new level and type of pain. The diagnoses have included lumbago; ill-define condition; mononeuritis arm; and cervicalgia. Objective findings note moderate distress with antalgic gait and severe kyphosis; low back pain; neck pain; neuropathy; psychotic disorder and injury to the lower leg. Treatments to date have included consultations; diagnostic imaging studies; cervical spine fusion surgery (she is no longer a surgical candidate); physical therapy with more recent water therapy, heat/ice/massage therapies; stretching exercises; and multiple medication management with extremely high doses of opioids and moderate amounts of sedatives. The work status classification for this injured worker (IW) was noted to be not working (since 2000). On 1/5/2015 Utilization Review (UR) modified, for medical necessity, the request made on 12/23/2014, for Oxycontin 80mg #300 - to #75 for a weaning process. The Medical Treatment Utilization Schedule, chronic pain medical treatment, opiates, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 MG #300: 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): 74-96.

Decision rationale: Patients prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. Formal functional assessment should occur every 6 months. Opioids should be discontinued when there is a decrease in functionality. Typical pain assessments utilize the VAS scale. Typical questions include least pain, average pain, worst pain, duration of analgesia from medication, and time to onset of analgesia after taking pain medication. A referral to and/or management by a pain specialist should occur when total opioid doses exceed 120 mg in morphine equivalents per day. In this instance, the injured worker's functional status has been in decline for at least the last 8 months although no formal functional assessments have been submitted for review. Monitoring for aberrant drug taking behavior via urine drug screening or pharmacy data base surveillance is not apparent. The morphine equivalency of her current medications exceeds 1200 mg per day. No pain scores are available from the submitted records. The documentation does not support the continued use of high dose opioids. Therefore, Oxycontin 80 MG #300 is not medically necessary.