

Case Number:	CM15-0107863		
Date Assigned:	06/12/2015	Date of Injury:	05/13/2009
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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: New Jersey, Alabama, 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 55-year-old female, who sustained an industrial injury on 05/13/2009. She has reported injury to the neck and low back. The diagnoses have included cervical degenerative disc disease; cervical spondylosis; myofascial pain syndrome; muscle spasm; and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, diagnostics, and trigger point injections. Medications have included Oxycontin, Norco, Imitrex, Gabapentin, Prolosec, and LidoPro ointment. A progress report from the treating physician, dated 05/13/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of significant increase in her neck pain causing her headaches for the last day or two, which has remained unresolved despite conservative management; trigger point injections in the splenius capitis, levator scapulae, and trapezius muscles resulted in greater than 70% improvement in her pain for greater than six weeks; her current medications, at Oxycontin 40 mg four times a day and Norco for breakthrough pain, have helped in her function; she is able to exercise and continue part-time work; she notes that without these medications she would not be able to perform her work; and she notes approximately 30% improvement in her pain with the use of her medications. Objective findings included having tight band and positive jump sign and tenderness in the splenius capitis, levator scapulae, and trapezius muscles; and she continues to have chronic intractable pain that continues to require medication management at this time. The treatment plan has included the request for Oxycontin 40mg #56 for 28 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #56 for 28 days: 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 nor did recommended for chronic pain of long term use as prescribe 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 4A'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". In this case, there is no clear documentation of pain and functional improvement with previous use of Oxycontin. There have been at least 2 recommendations for weaning of Oxycontin 40mg. Therefore, the prescription of OXYCONTING 40 MG #56 is not medically necessary.