

Case Number:	CM15-0121892		
Date Assigned:	07/06/2015	Date of Injury:	09/06/1990
Decision Date:	12/08/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California
 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 70 year old male, who sustained an industrial injury on 9-6-1990. Diagnoses include lumbago, radiculitis, postlaminectomy syndrome, lumbar disc disease with myelopathy, and degenerative disc disease. Treatments to date that were documented include activity modification and medication therapy. On 5-21-15, he was evaluated for chronic ongoing pain in the low back with radiation down bilateral lower extremities and constant headaches, noted as daily 24-7. Current MEQs were being maintained between 120 and 140 MEQs per day. It was noted current medications included Dilaudid 4mg, only as needed, and OxyContin 30mg twice daily, along with Flector patch, Fioricet, Zanaflex, and Cymbalta, all prescribed for at least six months. Pain was rated 10 out of 10 VAS without medications and 4 out of 10 VAS with medication and were noted to increase function and mobility. Urine toxicology tests and CURES reports were noted as appropriate. The physical examination documented tenderness in cervical, occipital, and lumbar regions with positive muscular diagnostic tests. Decreased reflexes were noted in bilateral lower extremities. The appeal requested authorization for Dilaudid 4mg tablets, one tab every 8-12 hours #90, OxyContin 30mg XR one to two times daily #60, and outpatient for management of symptoms related to lumbar spine injury. The Utilization Review dated 6-9-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication; Dilaudid 4mg tablets, 1 orally every 8-12 hours, Qty 90 refill; 0 as an outpatient for management of symptoms related to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the guidelines, Dilaudid is not recommended orally for mechanical or compressive etiologies. It is generally recommended for intrathecal use for chronic refractory pain. In this case, the claimant was on Dilaudid for several months in combination with Oxycontin with, muscle relaxants and antidepressants with stable pain scores. Long-term use is not recommended. Weaning attempts is not noted. Continued use is not medically necessary.

Oxycontin 30mg XR12H-tablet, 1 orally 2 times a day for pain, Qty 60; refill; 0 as an outpatient for management of symptoms related to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Oxycontin not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Oxycontin for several months with stable pain scores along with Dilaudid. There was no mention of Tylenol, NSAID, Tricyclic or weaning (to lower dose) failure. The continued use of Oxycontin is not medically necessary.