

Case Number:	CM15-0136344		
Date Assigned:	07/24/2015	Date of Injury:	08/09/1999
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male who sustained an industrial injury on 8-9-99. Diagnoses are brachial neuritis-radiculitis, cervicgia, displacement lumbar disc without myelopathy, degenerative lumbar-lumbosacral intervertebral disc, thoracic-lumbosacral neuritis or radiculitis unspecified, unspecified myalgia and myositis, lumbago, cervical spondylosis without myelopathy, and degenerative cervical intervertebral disc. In a pain management re-evaluation follow up visit dated 6-25-15, the treating physician notes since his last visit 3-17-15, the injured worker was hospitalized with a heart attack. A stent was placed. Neck and back pain remain unchanged, he uses a cane to ambulate. Gait is antalgic. It is noted that at this visit, he is so frustrated that he refuses to provide a urine sample for drug testing. He complains of poor sleep quality due to pain. Average pain since last visit is 8 out of 10, mood since last visit is 8 out of 10 and functional level since last visit is 8 out of 10. Current medications are Aciphex, Ambien, Baclofen, Oxycontin 30mg tablet extended release one tablet every 8 hours as needed for pain, Percocet 10-325mg 1 three times a day as needed for pain, Senokot-S, and Zanaflex 4mg at bedtime as needed. On exam, he continues to have ongoing severe back and leg pain as well as neck pain and pain with numbness and tingling to both legs at times. The plan noted regarding Oxycontin is to wean Oxycontin from a quantity of 90 to 60. The requested treatment is Oxycontin 30mg #60 (weaning off).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60 (weaning off): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, (3) Weaning of Medications Page(s): 76-80, 86, 124.

Decision rationale: The claimant sustained a work injury in August 1999 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 8/10. He was frustrated and refused to provide a urine drug test. He was having difficulty sleeping. Physical examination findings included a BMI of over 37. He had an antalgic gait and was using a cane. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of 150 mg per day. Although medications were being weaned, the same doses were being prescribed in January 2015. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. The total MED continues to be in excess of 120 mg per day and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.