

Case Number:	CM15-0141792		
Date Assigned:	07/31/2015	Date of Injury:	11/27/1998
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 53 year old female, who sustained an industrial injury on 11-27-98. She has reported initial complaints of a low back injury. The diagnoses have included lumbago, lumbar degenerative disc disease (DDD), lumbar facet arthropathy, post laminectomy syndrome, sciatica, depression and anxiety. Treatment to date has included medications, activity modifications, diagnostics, 2 lumbar surgeries, H-wave, physical therapy, pain management, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5-19-15, the injured worker complains of severe back pain with no range of motion in the back. She also has bilateral leg weakness and giving out of the legs. The back pain radiates to the right leg. The pain is rated 7 out of 10 on the pain scale. It is noted that she had difficulty with weaning down on her OxyContin over the past month. She reports constipation, muscle weakness, difficulty walking, difficulty falling asleep and difficulty remaining asleep. The current medications included OxyContin, Lyrica, Baclofen, Celebrex, Endocet, Lansoprazole, Lidocaine patch, and Eszopiclone. There is no previous urine drug screen report noted. The physical exam reveals slow and right antalgic gait, not able to do toe and heel walking, strength is 4 out of 5 in the right leg with decreased sensation on the right side to pain and temperature. The low back exam reveals positive facet loading and positive right straight leg raise. The physician requested treatments included OxyContin 30mg #60 and OxyContin 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Oxycontin (Oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain by 50%. However, there is no documentation regarding specific examples of functional improvement, and no documentation regarding side effects. Furthermore, multiple reviews in the past have recommended weaning of this medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (Oxycodone ER) is not medically necessary.

Oxycontin 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Oxycontin (Oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain by 50%. However, there is no documentation regarding specific examples of functional improvement, and no documentation regarding side effects. Furthermore, multiple reviews in the past has recommended weaning of this medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (Oxycodone ER) is not medically necessary.