

Case Number:	CM15-0142930		
Date Assigned:	08/03/2015	Date of Injury:	08/19/1988
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old male sustained an industrial injury to the low back on 8-19-88. Recent treatment consisted of medication management. In a PR-2 dated 10-22-14, the injured worker complained of pain ranging from 4 to 8 out of 10 on the visual analog scale. The injured worker was prescribed Oxy IR 5mg twice a day and Oxycontin 20mg twice a day. In a PR-2 dated 5-1-15, the injured worker reported that his pain was much worse with decreasing his medications. The injured worker's Oxy IR had been stopped and was maintained on Oxycontin. The injured worker reported having difficulty out of the house without medications. The injured worker's mood was greatly diminished. His activity level was poor. The injured worker's pain had increased from 3 out of 10 to 5-6 out of 10. The physician noted that previous trials to decreased medications were also unsuccessful. Physical exam was remarkable for positive left straight leg raise with decreased lumbar spine range of motion. Current diagnoses included chronic lumbar pain following four lumbar surgeries with lumbar post laminectomy pain and suggestion of left radiculopathy and management of chronic high potency, high dose opiates. The treatment plan included a prescription of Oxy IR and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-97.

Decision rationale: This patient has documented evidence of chronic pain, which includes low back pain. Oxycodone is a short-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." There is documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. In addition, the recommendation is that the dosing not exceed 120 mg oral morphine equivalents per day. In this case, the patient is taking more than one opioid. The combination of Oxy IR 5 mg twice a day and Oxycontin 20mg twice a day does not exceed 120 mg oral morphine equivalents. Therefore, the above listed issue IS considered medically necessary.

Oxycontin 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: Oxycontin is a long-acting controlled release formula of Oxycodone. According to this patient's medical record, it is prescribed for twice daily on-going pain management. MTUS Guidelines recognize and recommend extended-release opioids for pain management. For on-going management with opioid medications MTUS recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is documented evidence of clear, opioid pain evaluation and assessment. According to MTUS Guidelines, opioids should be continued if the patient has improved functioning and pain or has returned to work. There is documented evidence of improved functioning and pain. Therefore, the above listed issue IS medically necessary.