

Case Number:	CM15-0143599		
Date Assigned:	08/04/2015	Date of Injury:	12/19/2002
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old male, who sustained an industrial injury on 12-19-2002. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic low back pain, lumbar 5 sacralization, status post cervical fusion, lumbar 2-3 retrolisthesis, lumbar 5 radiculopathy, multiple lumbar disc disease with spondylosis and fibromyalgia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-18-2015, the injured worker complains of low back pain, Flare usually rated 2-5 out of 10 but has increased with flare and some right sided sciatica. Physical examination showed multiple trigger points, right trochanter pain and decreased range of motion. The treating physician is requesting OxyContin 10 mg #210.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of OxyContin 10mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking OxyContin and other opioids since at least September, 2012 without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for prescription of OxyContin 10mg #210 is determined to not be medically necessary.