MAXIMUS Federal Services

Case Number:	CM15-0147519		
Date Assigned:	08/11/2015	Date of Injury:	07/19/2011
Decision Date:	09/14/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York
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:

The injured worker is a 54 year old female, who sustained an industrial injury on 7-19-11. The mechanism of injury was not indicated. The injured worker was diagnosed as having lumbar spine neuritis or radiculitis, sprains and strains of sacroiliac ligament, abnormality of gait, cervical disc degeneration, bursitis of knee, impingement of shoulder and acute pain due to trauma. Treatment to date has included knee brace, cane for ambulation, oral medication including Oxycontin 80mg, Paroxetine Hcl 20mg, Xanax 1mg, Oxycodone 30mg, Lorazepam 2mg and Zofran 4mg; pain management, epidural steroid injections, cervical disc replacement and activity modifications. Currently on 7-19-15, the injured worker complains of increased pain in neck, low back and right knee following a fall 3 weeks prior. She described the pain as sharp, stabbing and throbbing and rated it 8 out of 10. Work status is noted to be permanently disabled. Physical exam performed on 7-19-15 revealed a female in mild distress crepitus in both knees and left shoulder, trigger points palpated in upper trapezius, mid-trapezius, lower trapezius, sternocleidomastoid, splenius capitis, rhomboid region, gluteus maximus, gluteus medius and quadratus lumborum bilaterally with restricted range of motion of cervical and lumbar spine. Decreased sensation is noted to light touch in left shoulder and bilateral legs. The treatment plan included prescriptions for Oxycontin 80mg #60, Paroxetine 20mg #30, Xanax 1mg #60 and Oxycodone 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Oxycodone HCL 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. It is unclear why there are two requests for the same opioid analgesic medications. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms.
The requested medication is not medically necessary.