

Case Number:	CM15-0148806		
Date Assigned:	08/13/2015	Date of Injury:	08/08/2001
Decision Date:	09/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 66-year-old male who sustained an industrial injury on 08-08-2001. Current diagnoses include degeneration of lumbar intervertebral disc-unchanged, lumbago-uncontrolled, and back pain-uncontrolled. Previous treatments included medications, chiropractic therapy, and physical therapy. Report dated 07-09-2015 noted that the injured worker presented with complaints that included chronic back pain. The injured worker stated, "That the insurance company has been messing with his medications, and has been struggling. He has been cutting back on the medications, but his pain is no different and he has had withdrawal issues and significant increasing pain." Pain level was not included. Physical examination was positive for back pain, stiff to move, agitation, anxiousness, and frustration. The treatment plan included continuing with folic acid, baclofen, Insulin pen, Cialis, Topamax, cyclobenzaprine, Glucophage, amlodipine, Glipizide, Lisinopril, sulfasalazine, trazadone, Lantus Solostar, atorvastatin, Zantac, and Prozac, new prescriptions were given for oxycodone 20 mg tab 1-2 PO QID, PRN no refills, and oxycodone 20 mg tab 1-2 PO QID, PRN no refills dated 07-09-2015 and 08-09-2015, refilled oxycodone ER 40 mg to fill 07-09-2015 and 08-09-2015 120 with 1 refill, and follow up in 2 months. Report dated 07-10-2015 the physician noted that the injured worker is currently not working and not able to be gainfully employed due to his chronic pain. It was further noted that the Oxycontin is able to control his symptoms enough to function with activities of daily living. Disputed treatments include Oxycontin ER 40 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Oxycontin ER 40 mg #150. Previous treatments included medications, chiropractic therapy, and physical therapy. The patient is not working. MTUS, Criteria for use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Report dated 07-09-2015 noted that the patient complaints of chronic back pain. He has been cutting back on the medications, but his pain is no different and he has had withdrawal issues and significant increasing pain. Physical examination was positive for back pain, and stiffness. The patient also reported agitation, anxiousness, and frustration. The treater has requested a refill of Oxycontin, which the patient has been using since Oxycontin. Progress reports from 10/14/14 through 07/09/15 were reviewed. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing Oxycontin. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.