

Case Number:	CM15-0162119		
Date Assigned:	08/28/2015	Date of Injury:	02/17/2000
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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 57-year-old male, with a reported date of injury of 02-17-2000. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar post laminectomy pain syndrome, lumbar radiculopathy, myofascial pain syndrome, and lumbar spondylosis. Treatments and evaluation to date have included L4-5 bilateral instrumentation block, oral medications, trigger point injections in the lumbar paravertebral muscles on 09-25-2014, spinal cord stimulator, and lumbar spine fusion. The diagnostic studies to date have included x-rays of the lumbar spine on 03-09-2015 which showed L5-S1 severe disc height narrowing, no fracture, and no evidence of instability in flexion or extension; electrodiagnostic studies of the bilateral lower extremities on 05-18-2015 which showed evidence of severe mixed polyneuropathy in the lower extremities; and urine drug screen on 07-16-2015 with consistent findings. The progress report dated 07-16-2015 indicates that the injured worker presented with low back pain. It was noted that the injured worker also had carpal tunnel syndrome, tennis elbow, and neck pain. He had some numbness in his legs since the lumbar spine surgery when sitting up straight; it improved only with standing. The injured worker complained of low back and lower leg and feet pain, with intermittent numbness and tingling. The pain was associated with severe muscle spasms. He rated the pain 7 out of 10. It was noted that the injured worker took OxyContin 20mg, one tablet two times a day. The physical examination showed an antalgic gait, use of a cane for assistance, and ability to raise from a seated position with significant difficulty. It was noted that the injured worker had failed Flexeril and Baclofen. The treatment

plan included a refill of OxyContin 15mg #60, twice a day. The treating physician noted that now that the injured worker had a working stimulator, they will attempt to wean him next month. The injured worker's work and disability status was not indicated. The treating physician requested Oxycontin 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15 mg #60, twice a day: Upheld

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

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

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycodone (Oxycontin) is a long-acting opioid analgesic. 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The injured worker has been taking Oxycontin since at least 12-16-2014. There was documentation that Oxycontin provided 20% reduction in pain, its onset was 30 minutes, and it lasted 3-4 hours. The adverse effects included cramping in the legs; and there were no aberrant behaviors noted. It was also noted that the CURES report was reviewed on 04-01-2014; the last urine drug screen was ordered on 11-13-2014 and was positively appropriate. There was evidence that the most recent urine drug screen was performed on 07-16-2015, with consistent findings. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker has chronic low back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.