MAXIMUS Federal Services

Case Number:	CM15-0164953		
Date Assigned:	09/02/2015	Date of Injury:	08/27/2007
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Hawaii, California, Iowa
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:

This is a 56 year old male who has reported back and neck pain after an injury on 8-27-07. He has been diagnosed with various forms of spinal pathology, including spondylosis, neuritis, and disc displacement. He has a history of alcohol abuse, per the neurosurgeon, which is not addressed or mentioned by the treating pain management physician. Treatment has included cervical fusion, physical therapy, massage, chiropractic therapy, epidural steroid injections and medications. The treating physician reports during 2015 reflect ongoing multifocal pain that is 3-4/10 with "medications", decreases in pain with "pain medications", ability to do usual activities of daily living due to oxycodone, and high pain levels while at office visits. Pain reports at office visits are not internally consistent and can be 2-10/10 at the same visit. Epidural steroid injection is reported to provide good, temporary, partial pain relief. Work status is not addressed in any reports. On 3/10/15, he was referred to a spine surgeon, with a note that he was seen in the Emergency Department on 2/17/15 for a pain flare and mental status changes. He was using Valium for sleep, prescribed in the Emergency Department. Pain levels were reported inconsistently, from 3-10/10 at the same visit. The urine drug screen of 5/22/14 was positive for oxycodone. The urine drug screen on 3/9/15 was positive for benzodiazepines and oxycodone. In a PR-2 dated 8-3-15, there was a slow return of low back pain after an epidural steroid injection. Gabapentin and OxyContin were ongoing. Current pain was reported in an inconsistent fashion, varying from 2-10/10 in this report. The same functional benefits were reports as in prior reports. The treatment plan included OxyContin. On 8/11/15, Utilization Review partially certified OxyContin, noting the MTUS recommendations and lack of indications to continue opioids in an open-ended fashion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no discussion of work status, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain and a history of substance abuse. There is no record of a random urine drug screen program, as the drug tests are only performed at office visits. The reports of pain relief are not valid, as there are widely variable reports of current pain at each visit, varying by as much as 2-10/10. The Official Disability Guidelines cited above note the high risks of prescribing opioids to patients with substance abuse disorders, and specifically for patients who abuse alcohol. The treating physician has not addressed this critical issue. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.