

Case Number:	CM15-0169338		
Date Assigned:	09/10/2015	Date of Injury:	02/14/2011
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 34 year old female injured worker suffered an industrial injury on 2-14-2011. The diagnoses included chronic low back pain and post lumbar fusion. On 7-22-2015 the treating provider reported "doing OK, ready to wean Oxycontin down again". On exam there was normal gait. It was not clear if the injured worker had returned to work. The diagnostics included urine drug screens on 3-25-2015 and 6-21-2015. The Utilization Review on 8-3-2015 for the treatments Oxycontin 20mg #30 determined it was non-certified and Oxycontin 30mg #30 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

Decision rationale: Oxycontin is an extended release preparation of the opioid Oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving since Oxycontin since at least January, 2015 and has not obtained analgesia. There is no documentation that the patient has signed an opioid contract. In addition the patient is being weaned from Oxycontin use. Weaning should take place by decreasing the previous week's dosage by 20-25%. The patient had been taking Oxycontin 60 mg daily and up to 3 tablets of Norco 10/325 mg daily. Daily dose of Oxycontin should be decreased by at least 15 mg daily. Ordering Oxycontin 20 mg is not consistent with the weaning regimen. The request should not be authorized and therefore is not medically necessary.

Oxycontin 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Oxycontin is an extended release preparation of the opioid Oxycodone.. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving since Oxycontin since at least January, 2015 and has not obtained analgesia. There is no documentation that the patient has signed an opioid contract. Criteria for long term opioid use have not been met. The request should not be authorized and therefore is not medically necessary.