

Case Number:	CM15-0169586		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2003
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male who sustained an industrial fall injury on 10-01-2003. The injured worker was diagnosed with chronic intractable pain, L3 through L1 stenosis with left leg radiculopathy, cervical stenosis and right foot drop. The injured worker is status post L3-S1 lumbar fusion (no date documented), right total knee arthroplasty in 2008, removal of hardware in the lumbar spine in Sept 2011, spinal cord stimulator (SCS) trial and implant on March 21, 2014, removal of spinal cord stimulator (SCS) implant on May 27, 2014 and posterior tibial tendon transfer, gastrocnemius recession and posterior capsule release on December 22, 2014. According to the primary treating physician's progress report on July 17, 2015, the injured worker continues to experience neck pain radiating down the right upper extremity associated with numbness and rated at 5 out of 10 without medications and reduced to 3 out of 10 on the pain scale with medications. The injured worker also continues to experience low back pain radiating down the bilateral lower extremities, worse on the right side and rated at 6 out of 10 without medications and 4 out of 10 on the pain scale with medications. The injured worker reported right foot pain. Gait analysis noted a 10 degrees forward craning posture. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles bilaterally. There was no evidence of tenderness over the sacroiliac joints, sciatic notches, flanks or over the coccyx. Sensory to light touch and pinprick, motor strength and vascular pulses were intact. Forward flexion was within normal limits but he had pain returning to a neutral position, extension was minus 2 with pain and left and right lateral rotation was 20-21 degrees respectively. Prior treatments documented to date have included lumbar spine magnetic

resonance imaging (MRI) on July 10, 2015 which was reported as "stable appearing vertebral body fixation and interbody disc spacers at L3 to S1 and a new 3mm degenerative retrolisthesis with moderate disc narrowing at L2 on L3," surgery, physical therapy, walking boot and medications. Current medications were listed as OxyContin, Percocet 10mg-325mg and Lyrica. The injured worker had been previously been approved for detox but due to pain it was felt by the physician it was too early in the process for detox and physical therapy would be advisable. A urine drug screening on April 1, 2015 was reviewed by the provider which was documented as consistent with the prescribed medications. Treatment plan consisted of physical therapy, Computed Tomography (CT) of the lumbar spine, pain medication renewal and follow-up in 4-6 weeks. The Utilization Review modified the request for OxyContin 40mg, Qty #90 to OxyContin 40mg Qty #60 for the purpose of weaning on 07-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg quantity 90: 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, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: Oxycontin is an opioid that is not to be used 1st line for mechanical or compressive etiologies. Dosing of all opioids should not exceed a 120 mg of Morphine equivalent. In this case, the claimant was on Oxycontin in combination with Percocet that exceeded the dosage maximum. A weaning protocol was not provided. The physician believed that maximum reduction in dose was attained . There was only a 2 point reduction with the combined use of high dose opioids. The Oxycontin as prescribed was not medically necessary.