

Case Number:	CM15-0169952		
Date Assigned:	09/10/2015	Date of Injury:	01/19/2000
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 62 year old female, who sustained an industrial injury on 1-19-2000. The current diagnoses are lumbar disc degeneration, lumbago, and post lumbar laminectomy syndrome. According to the progress report dated 6-3-2015, the injured worker complains of low back and right knee pain. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are OxyContin, Ambien, Norflex, and Hydrocodone-Acetaminophen. Per notes, she is stable on the medication. The medications improve her function, activities of daily living, and quality of life. There is no documentation when OxyContin was originally prescribed. Treatment to date has included medication management, physical therapy, aquatic therapy, TENS unit, chiropractic, electrodiagnostic testing, psychotherapy, Toradol injections, intrathecal pump, and surgical intervention. Work status is not described. The original utilization review (8-14-2015) non-certified a request for OxyContin (DOS: 4-29-2015 and 6-3-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg (remaining tablets for DOS 4/29/15) Qty: 31.00: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines state that the lowest possible dose should be prescribed to improve pain and function. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Within the documentation available for review, there is no indication that the Oxycontin specifically is improving the patient's pain (in terms of percent reduction in pain or reduced NRS). Additionally, the patient is clearly above the 120 mg oral morphine equivalents per day. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

Oxycontin 40mg (remaining tablets for DOS 6/3/15) Qty: 40.00: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines state that the lowest possible dose should be prescribed to improve pain and function. Guidelines also recommend that dosing not exceed 120 mg oral morphine

equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Within the documentation available for review, there is no indication that the Oxycontin specifically is improving the patient's pain (in terms of percent reduction in pain or reduced NRS). Additionally, the patient is clearly above the 120 mg oral morphine equivalents per day. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.