

Case Number:	CM15-0169987		
Date Assigned:	09/10/2015	Date of Injury:	03/29/1996
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
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 67 year old male, who sustained an industrial injury on 3-29-1996. The injured worker was diagnosed as having back pain, chronic constipation, depression, lumbar degenerative disc disease, myofascial pain, post-laminectomy syndrome, sciatica, spondylosis without myelopathy. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. Urine toxicology (10-07-2014) was documented as appropriate. Currently (8-18-2015), the injured worker complains of back pain, with bilateral numbness and aching shooting down both of his legs. It was documented that his pain management was relatively stable with the pain medication he was on. Pain was not currently rated. It was documented that he was taking Topamax, Oxycontin (60mg three times daily), Linzess, Percocet (10-325mg twice daily), Cymbalta, and Skelaxin. It was documented that his medications helped him to function and without medications, his pain was intensified and he "can't get out of bed". With medication use, he was able to get out of bed, shower, do dishes, laundry, go shopping, and garden. His physical exam noted an antalgic gait with a single point cane and myofascial tenderness in the lumbosacral area. He reported that he did not want any changes to his medications. A previous progress report (3-11-2015) noted that he depended on opioids to survive and cannot be off of them, noting that he has been on this regimen "for 15+ years". It was documented that he tried to taper and his pain was much worse and he could not do activities of daily living without them. The treatment plan included continued Oxycontin 60mg #90, modified by Utilization Review to Oxycontin 60mg #38 on 8-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #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 (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 60 mg #90, 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 also state the lowest possible dose should be prescribed to improve pain and function. Furthermore, it is recommended 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 medication is improving the patient's function (in terms of specific examples of functional improvement). Patient is also clearly above the 120 mg oral morphine equivalents per day. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Oxycontin 60 mg #90 is not medically necessary.