

Case Number:	CM15-0181601		
Date Assigned:	09/24/2015	Date of Injury:	04/20/1999
Decision Date:	10/30/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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

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:

The injured worker is a 64 year old female who sustained an industrial injury on 4-20-99. A review of the medical records indicates she is undergoing treatment for lumbar sprain and strain, pain in joint - shoulder region - status post right arthroscopy, cervical spondylosis, lumbar spondylosis, and post cervical laminectomy syndrome. Medical records (1-5-15 to 8-13-15) indicate ongoing complaints of back pain with associated numbness in the bilateral lower extremities, and left shoulder pain. She is noted to have "new pain" in her bilateral hands and wrist with radiation into the thumb (8-13-15). The physical exam (8-13-15) reveals tenderness to palpation of the lumbar paraspinal musculature, "bilateral ES" right greater than left, and limited range of motion due to pain in the back. Diagnostic studies have included a cervical MRI on 4-16-12 and a lumbar MRI on 9-13-10. Treatment has included a cervical fusion surgery and two revisions in 2004, 2006, and 2010, three right shoulder surgeries in 2001, 2005, and 2012, as well as "multiple injections" in the neck and back. Other treatment has included physical therapy for the neck and shoulder postoperatively, a cervical facet block on 4-23-15 with "maximum 40% relief", a left sided L3, L4, and L5 medial branch block on 8-6-14 with "80% relief", a left L3, L4, and L5 radiofrequency neurotomy on 10-16-14, which was repeated at left L2, L3, L4, and L5 on 12-9-14. She has also received medications. Her current medications (8-13-15) include OxyContin 30mg ER three times daily (she has been receiving since, at least, 1-5-15), Oxycodone 10mg every 6 hours as needed (max 2 per day), Flector 1.3% transdermal patch twice daily, Amitriptyline 10mg, 2 tablets daily, Ibuprofen 600mg, 2 tablets twice daily, Lasoprazole 30mg, 2 capsules daily, and Lidoderm 5% patch, every 12 hours. The utilization

review (8-25-15) indicates the requested treatment as OxyContin 30mg #90. This has been modified to OxyContin 40mg #60 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

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, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/urine drug testing.

Decision rationale: MTUS Guidelines support the careful use of opioid medication if there is meaningful pain relief, support of function and a lack of drug related aberrant behaviors. This individual meets these criteria. There is 25% pain relief for an 8-hour period which results in improved ADL activities. No aberrant behaviors are noted with periodic review of CURES and Urine drug testing. Guidelines do not state a recommended frequency of CURES inquiry, but it would be reasonable to apply the same principles as is recommended for drug testing i.e. annual if no suspected problems. In addition, the dosing is greater than what Guidelines recommend on a routine basis; however the Guidelines do not disallow this. The Guidelines state that this should be provided very carefully under the direction of a pain specialist. At this point in time, the Oxycontin 30mg #90 is consistent with Guidelines and is medically necessary.