MAXIMUS Federal Services

Case Number:	CM15-0184028		
Date Assigned:	09/24/2015	Date of Injury:	11/01/1989
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 57 year old male who sustained an industrial injury on 11-01-1989. The injured worker was diagnosed with lumbar nerve root injury, arachnoiditis, lumbar discogenic degenerative disease, epidural fibrosis, Reflex Sympathetic Dystrophy Syndrome (RSD) and vascular stasis ulcers. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience severe back and leg pain and is considering intrathecal pump again. The injured worker also reported pain in the head and mouth. Evaluation noted the injured worker is bent over to the left at the lumbar spine and has difficulty walking. According to the report, the injured worker tries self-weaning with failed attempts followed by increased office visits, increased doses of pain medications due to the increased pain. The activities of daily living have diminished. Standing causes swelling and mottling of the lower extremities. Nighttime leg cramps are present. A myelogram (no date documented) was reported by the treating physician as showing "severe arachnoiditis and nerve clumping presenting objective evidence of pathophysiology of the pain". Examination demonstrated bilateral foot swelling with bilaterally decreased deep tendon reflexes at 1 plus out of 4. Lumbar flexion was documented as flexion at 15 with pain radiating down both legs and extension at 0 degrees with bilateral low back pain. Straight leg raise was positive bilaterally with pain in the lower back with radiation to ipsilateral leg. Hypersensitivity to light touch was documented in both calves and feet. Right foot was colder, more swollen and more hypersensitive than the left with spontaneous changes in temperature from hot to cold. Prior treatments included diagnostic testing, intrathecal pump, multiple epidural steroid injections, sympathetic nerve blocks; long

term opioid treatment with multiple concurrent oral narcotic usages, topical analgesics, cane, walker and wheelchair. Current medications were listed as OxyContin 80mg, Methadone 10mg, Valium 10mg, Baclofen, Neurontin, Oxycodone, Fentora, topical analgesics and Docusate. Urine drug screening collected on 06-17-2015 was inconsistent for multiple non-prescribed medications and illicit medications. Treatment plan consists of therapeutic nerve blocks, intrathecal pump re-implant (removed secondary to dental infection), home care assistance, vascular consultation, continued dental care, motorized wheelchair-scooter, prescribed Lazanda and the current request for OxyContin CR 80mg #150. On 09-02-2015 the Utilization Review determined the request for OxyContin CR 80mg #150 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #150: 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, long-term assessment.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. The medical records do not establish improvement in pain and function despite ongoing utilization of opioids. In addition, in this case the injured worker is noted to have inconsistent urine drug screen and has violated the pain contract. The request for Oxycontin 80mg #150 therefore is not medically necessary and appropriate.