

Case Number:	CM15-0184399		
Date Assigned:	09/24/2015	Date of Injury:	03/29/1996
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 3-29-1996. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic low back pain with bilateral radicular pain, status post lumbar fusion with residual severe spinal stenosis secondary to facet arthropathy, history of depression and history of MRSA in the thoracic spine. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. The records indicated a non-industrial automotive accident in November 2014 resulted in a right foot fracture and an increase in "total body pain". Current medications listed included Celebrex, Gabapentin, Meloxicam, Oxycodone 10mg, OxyContin 20mg (since February 2014), Skelaxin, and Valium. The medical records indicated previous attempts to wean were made despite documentation of being stable with medication regimen. In May 2015, OxyContin 20mg twice a day was decreased to 15mg twice a day, with increased pain and decreased function reported from the attempt requiring increased Percocet use. In June 2015 the OxyContin dose was increased back to 20mg twice a day and it was planned to decrease the Percocet use. Currently, he complained of increased low back pain and bilateral lower extremity pain for the previous week. The provider documented 50% relief of pain and increased level of function with medication use. On 8-12-15, the physical examination documented tenderness of lumbar muscles and over facet joint and sacroiliac joints, with limited lumbar range of motion, decreased strength and decreased sensation in bilateral lower extremities. There were guarded movements with antalgic gait favoring the right side. The plan of care included physical therapy sessions and continuation

of previously prescribed medications. The records further indicated that the injured worker will require help weaning off his medication involving a full detoxification program. The appeal requested authorization for OxyContin 20mg #60. The Utilization Review dated 8-21-15, denied the request stating, "At this point, the weaning process should be complete and continued use is not necessary," per the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in March 1996 and is being treated for chronic pain with diagnoses including post-laminectomy syndrome of the cervical and lumbar spine. When seen, medications were providing more than 50% pain relief and improved function. VAS score were not recorded. Physical examination findings included lumbar paraspinal muscle, facet, and sacroiliac joint tenderness. There was decreased range of motion. There was decreased lower extremity strength and sensation and an antalgic gait. Medications being prescribed include oxycodone and OxyContin at a total MED (morphine equivalent dose) of approximately 100 mg per day. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Although a greater than 50% improvement is referenced, this cannot be verified based on the information provided. Weaning of the prescribed medications is not being actively done. Continued prescribing is not considered medically necessary.