

Case Number:	CM15-0187084		
Date Assigned:	09/29/2015	Date of Injury:	10/09/2009
Decision Date:	11/18/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 10-09-2009. He has reported subsequent neck, back, hip and knee pain and was diagnosed with cervicalgia and lumbar or thoracic radiculopathy. Treatment to date has included pain medication, surgery and epidural steroid injection. In progress notes dated 06-25-2015 and 08-20-2015, the injured worker reported that he felt a trial of OxyContin was helping and that pain in the mid back, bilateral hips, knees and feet had decreased from an 8 out of 10 at the prior visit to a 5 out of 10. The injured worker noted that pain was more tolerable and that he had been able to help with dishes, go to the store, walk around and ride his motorcycle. Objective examination findings showed a mildly antalgic gait. The injured worker was noted to be able to rise from a seated position without difficulty and to ambulate without assistance. The last urine drug screen in 04-2015 was noted to be positive for Oxycodone and negative for THC. Urine drug screens from 01-05-2015 and 02-03-2015 were noted to be positively inappropriate for THC but appropriate for opiates. The physician noted that over the holidays, the injured worker trialed edible marijuana in Bishop for pain relief and noted that he counseled the injured worker on the use of it and informed him that if he was to continue use, he would not be able to continue with Norco. The physician also noted that the injured worker admitted to taking his wife's Oxycodone for the last several days due to running out of Norco for which he was given a warning. The plan was to trial an increase in OxyContin 15 mg BID. A request for authorization of OxyContin 15 mg #60 was submitted. As per the 08-29-2015 utilization review, the request for OxyContin was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg, #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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.