

Case Number:	CM15-0188437		
Date Assigned:	09/30/2015	Date of Injury:	05/07/2007
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Washington, 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 65 year old male who sustained an industrial injury on 05-07-2007. Medical records indicated that the injured worker is undergoing treatment for psychogenic headache, spinal stenosis in cervical region, degeneration of lumbar intervertebral disc, psychophysiological disorder, and lumbosacral radiculitis. Co-morbid conditions include diabetes and sleep apnea. Treatment and diagnostics to date has included lumbar spine surgery, aquatic therapy, psychotherapy, and medications. Current medications include, but not limited to, Pristiq, Seroquel, Flexeril, Hydromorphone, and OxyContin. The medical records indicate that the opioids reduce pain by 50% and are not associated with side effects. No aberrant drug-seeking behaviors were noted. Trials of weaning opioid use is associated with decreased activity tolerance. Review of provider's progress medical records dated 07-17-2015 and 08-19-2015 noted that the injured worker continued to complain of neck and low back pain which improved with lying down, neck extension, massage therapy, and medication. Objective findings included a waddling gait with use of a four point walker, forward flexed body posture, and tenderness over lumbar paraspinal muscles. OxyContin ER was requested for authorization, dated 08-20-2015. The Utilization Review with a decision date of 09-01-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg ER (crush resistant), one tab q12h, QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, 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. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Oxycodone (OxyContin) is a semi-synthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release (OxyContin ER) forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anti-convulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing (MED) from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient's present total opioid dose (from OxyContin and Hydromorphone) has a total MED of 122 mg per day. Additionally, the provider has documented failure of first-line chronic pain medications, continued effectiveness of opioid medications, lack of side effects from the opioid medications and regular review for aberrant drug-seeking behaviors. This is consistent with current medical practice standards and safe use of chronic opioid therapy is, therefore, not in question. Medical necessity for continued use of this medication has been established.