

Case Number:	CM15-0195542		
Date Assigned:	10/09/2015	Date of Injury:	10/28/2003
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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(n) 58 year old male, who sustained an industrial injury on 10-28-03. The injured worker was diagnosed as having lumbar degenerative disc disease with radiculopathy, cervical degenerative disc disease with radiculopathy, status post L4-L5 fusion and status post C5-C6 fusion. Medical records (4-30-15 through 7-20-15) indicated 6-9 out of 10 pain in the neck and lower back and a fall on 4-29-15 while at dialysis. The physical exam (4-30-15 through 7-20-15) revealed "decreased" cervical and lumbar flexion and extension, decreased sensation in right C8 dermatome and decreased sensation in left L3, L4 and L5 dermatome. As of the PR2 dated 8-31-15, the injured worker reports pain in his neck and back. He rates his pain 8 out of 10. The injured worker reported a recent fall on 8-24-15 and was taken to the emergency room, where he was given Oxycodone 5mg. He indicated that the Oxycodone and OxyContin reduce his pain from 10 out of 10 to 6 out of 10. Objective findings include tenderness to palpation along the cervical spine and low back. The treating physician noted that the examination was limited due to the injured worker's pain. Current medications include OxyContin (since at least 1-12-15) and Oxycodone (since at least 1-12-15). Treatment to date has included a lumbar epidural injection on 10-24-14 with 50% relief, massage therapy and physical therapy (number of sessions not provided) and Topamax. The treating physician requested OxyContin 15 mg #60 and Oxycodone 5mg #60. The Utilization Review dated 9-17-15, non-certified the request for OxyContin 15 mg #60 and Oxycodone 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for chronic pain. He has a history of cervical and lumbar spine fusion surgeries and left shoulder arthroscopic surgery. He has renal failure requiring dialysis. When seen, he had recently fallen and been seen in an emergency room. He was having increased back and hip pain. He was unable to walk. He had been provided with a prescription for oxycodone which he had not filled. Medications are referenced as decreasing pain from 10/10 to 6/10. Physical examination findings included cervical, lumbar, and left knee tenderness. The examination was limited due to pain. Medications were refilled. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing a 4 point VAS decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Oxycodone 5 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for chronic pain. He has a history of cervical and lumbar spine fusion surgeries and left shoulder arthroscopic surgery. He has renal failure requiring dialysis. When seen, he had recently fallen and been seen in an emergency room. He was having increased back and hip pain. He was unable to walk. He had been provided with a prescription for oxycodone which he had not filled. Medications are referenced as decreasing pain from 10/10 to 6/10. Physical examination findings included cervical, lumbar, and left knee tenderness.

The examination was limited due to pain. Medications were refilled. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing a 4 point VAS decrease in pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.