

Case Number:	CM15-0196412		
Date Assigned:	10/12/2015	Date of Injury:	10/05/1992
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 62-year-old female who sustained an industrial injury on 10-5-1992. Diagnoses have included lumbar radiculopathy, facet arthropathy, lumbosacral pain, lumbar stenosis and anterolisthesis. Diagnostic MRI 6-12-2014 had revealed a disc bulge with spondylolisthesis L4-5 and "significant" disc height loss L5-S1, bilateral neural foraminal narrowing L4-5, and ligamentum flavum hypertrophy L4-5. On 8-3-2015, the injured worker underwent an L4-5 laminectomy and L4-5 posterior fusion. She had previously had a lumbar laminectomy in 1995, nerve root block, bilateral medial branch blocks, physical therapy, chiropractic therapy, water therapy, and use of NSAIDS. The request is for post-operative use of Oxycontin 10 mg. #65. There is no documentation provided showing previous use of this medication, although she has been treated in the past with other opioids, and previous physician notes stated "no aberrant behaviors" and physician monitoring. This request was denied on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 mg Qty 65: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1992 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycontin 10 mg Qty 65 is not medically necessary and appropriate.