

Case Number:	CM15-0198000		
Date Assigned:	10/13/2015	Date of Injury:	05/10/2001
Decision Date:	11/24/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on 5-10-2001. The injured worker is undergoing treatment for: thoracolumbar post-laminectomy syndrome with residuals complicated with severe infection and pulmonary embolus status post T6 to S1 interbody fusion, anterior-posterior cervical fusion with bilateral upper extremity radiculopathy. On 7-10-15, he reported pain to the neck, thoracic and lumbar spine. He indicated that Oxycodone was helpful, and that recent trigger point injections done on a regular basis are helpful for his pain and function. The provider noted the injured worker was attaining 30-40 percent relief with the current medication regimen of Oxycontin with Percocet for breakthrough pain and Neurontin, Cymbalta, Baclofen and Anaprox. The provider indicated he was routinely monitored by urine drug testing and CURES review, and there were no aberrant behaviors. The injured worker is reported as indicating he had a 50 percent improvement in pain and function including sleep pattern, and activities of daily living. Objective findings revealed an antalgic gait favoring the right leg, curved posture, utilizing a cane for ambulation and support, cervical spine with decreased range of motion and numerous trigger points and tenderness, decreased deep tendon reflexes noted to the bilateral upper extremities, decreased range of motion to the bilateral shoulders, numerous trigger points, and tenderness with a decreased lumbar spine range of motion, and positive straight leg raise testing bilaterally. The treatment and diagnostic testing to date has included: AME (9-20-10), medications, lumbar spine surgery (7-24-08), multiple sessions of aquatic therapy (2008), CT scan of the pelvis (January 2009), thoracic and lumbar fusion (June 2009), CT scan of the thoracic spine (June 2009), electrodiagnostic studies (2010),

urine drug screen (8-12-15). Medications have included: Cymbalta, Gabapentin, Oxycontin, Xanax, and Baclofen. The records indicate he has been utilizing opiate pain medications for at least 10 years, possibly longer. Current work status: noted as permanent and stationary. The request for authorization is for: Oxycontin 60mg quantity 90 tablets. The UR dated 9-26-2015: modified certification of Oxycontin 60mg quantity 72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #90: Upheld

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

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

Decision rationale: Oxycontin is an extended release preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving oxycodone for at least 10 years and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract and urine drug testing indicates the use of cannabis, not authorized. Criteria for long-term opioid use have not been met. The request is not medically necessary.