

Case Number:	CM15-0198792		
Date Assigned:	10/14/2015	Date of Injury:	06/28/2004
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This is a 40 year old male who sustained a work-related injury on 6-28-04. Medical record documentation on 9-2-15 revealed the injured worker was being treated for post L3-4 lumbar fusion and persistent L5 radiculopathy. The injured worker was status post four back surgeries and suffered from mid and low back pain described as stabbing and throbbing pain when in one position longer than 25 minutes (no changed from 7-29-15). Objective findings included a positive straight leg raise with radiation of pain down to the left foot (no changed from 7-29-15). He had no swelling of the back, no instability and no evidence of infection. His medications included Soma 350 mg, Gabapentin 600 mg, OxyContin 80 mg (since at least 1-17-13), oxycodone 15 mg and Amitriptyline 50 mg. A urine drug screen on 9-2-15 revealed inconsistent results with the injured worker's medication regimen. A request for Oxycontin 80 mg #90 was received on 9-11-15. On 9-15-15, the Utilization Review physician modified OxyContin 80 mg #90 to OxyContin 80 mg #46.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #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, Opioids for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2004 with injury to the low back when, while driving a forklift, he ran into a pole. He underwent two lumbar spine surgeries which were unsuccessful and had a spinal cord stimulator implanted with subsequent removal. He continues to be treated for chronic pain. Medications include opioids and urine drug screening has shown inconsistent results including an absence of medications prescribed as well as findings of methadone which was not being prescribed and positive results reflecting alcohol use. When seen, he was having made and low back pain with stabbing and throbbing pain if maintaining one position for more than 25 minutes. He was having pain into both legs. Physical examination findings included positive left straight leg raising. Medications were prescribed including OxyContin and oxycodone at a total MED (morphine equivalent dose) of 450 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly four times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Urine drug screening reflects aberrant opioid use. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing is not considered medically necessary.