

Case Number:	CM15-0202362		
Date Assigned:	10/19/2015	Date of Injury:	09/21/2002
Decision Date:	12/31/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68 year old male, who sustained an industrial injury on September 21, 2002. The injured worker was currently diagnosed as having lumbago, numbness, degeneration of lumbar or lumbosacral intervertebral disc, muscle pain and chronic pain syndrome. Treatment to date has included home exercises, injections, physical therapy, diagnostic studies and medication. On September 15, 2015, the injured worker complained of aching low back and right leg pain with tingling in the right foot. The pain was rated as a 10 on a 1-10 pain scale without medications, rated as a 1 on the pain scale with Norco and Oxycontin and rated as a 4 on the pain scale just with Oxycontin. Notes stated that his Norco had been denied and he was trying to use less of it. On the days when he had more pain, he had to take another Oxycontin; otherwise he reported being limited in his activities. With his medications, the pain was noted to be much more tolerable and he was able to stay active. He could do chores around the house, walk for longer periods of time and travel. He was also on Lidoderm patches that help to reduce local tenderness and neuropathic pain. The treatment plan included Norco, Oxycontin and Lidoderm patch. On September 28, 2015, utilization review denied a request for Oxycontin 20mg #60. A request for Norco 10-325mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician notes urine toxicology screening done on 7-14-2015 that shows compliance with prescribed medications, decreased pain, and improved functionality. The physician also notes CURES on file. As such the request for Oxycontin 20mg #60 is medically necessary.