

Case Number:	CM15-0202860		
Date Assigned:	10/19/2015	Date of Injury:	04/17/1999
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 69-year-old male, who sustained an industrial injury on 04-17-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, depression, and insomnia. Medical records (01-06-2015 to 08-24-2015) indicate ongoing chronic low back pain with radiating pain into the bilateral lower extremities. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) without medications, and 4-5 out of 10 with medications. Records did indicate improved function and reduced pain with use of medications; however, there were no changes in pain level ratings over the 9-month review period. The IW work status was not specified. The physical exam, dated 08-24-2015, revealed decreased deep tendon reflexes in the lower extremities, decreased sensation in the left L3-L5 dermatomes, and spasms and guarding in the lumbar spine. Relevant treatments have included: lumbar fusion surgery, physical therapy (PT), work restrictions, and pain medications (OxyContin since at least 01-2015). The PR and request for authorization (08-24-2015) shows that the following medication was requested: OxyContin 40mg #120. The original utilization review (09-15-2015) partially approved the request for OxyContin 40mg #120 (modified to #40).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120 (dispensed): 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 for chronic pain, Opioids, dosing.

Decision rationale: Oxycontin extended release oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement, activity of daily living, adverse events and aberrant behavior fails criteria. There is minimal improvement in pain despite high dose of opioids and there is no documentation of any objective improvement in functional status. Patient's dosage of opioids significantly exceed maximum daily recommended dose of 120mg Morphine Equivalent Dose (MED). Combination of Norco 10mg (80mg a day) and Oxycontin 40mg(120mg a day) is 260mg MED a day. The lack of any improvement, long-term plan and excessive opioids do not support request for oxycontin. Not medically necessary.