

Case Number:	CM15-0203615		
Date Assigned:	10/20/2015	Date of Injury:	07/31/2000
Decision Date:	12/01/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old male, who sustained an industrial injury on 7-31-00. The documentation on 7-31-15 noted that the injured worker has complaints of lower extremity pain associated with reflex sympathetic dystrophy-complex regional pain syndrome. The injured worker reports he also has pain in the low back, bilateral lower extremities, neck and left shoulder. The injured worker states the pain level is fairly constant at 6 to 7 out of 10 as long as his medications are available. The injured worker states he is able walk for 60 minutes without stopping as long as he has medications. And without the medications he can walk for only 10 to 15 minutes. Cervical spine examination revealed there is limited range of motion of the cervical spine in all fields secondary to pain; there is tenderness to palpation in bilateral triceps and levator scapulae muscles and there is minimal tenderness in the paracervical musculature. Lumbar spine examination revealed the injured worker is able to flex 70 degrees with minimal back pain, extend 20 degrees with a severe increase in back pain and range of motion and lateral flexion are within normal limits. There is tenderness to palpation over the paracervical musculature with no trigger points noted. There is +2 edema with no pitting in the left lower extremity and a purplish discoloration noted and the left extremity is cool to touch. The diagnoses have included reflex sympathetic dystrophy and complex regional pain syndrome of bilateral lower extremities; cervical degenerative disc disease; lumbar degenerative disc disease; myofascial pain syndrome; bilateral ulnar neuropathy and cervical radiculopathy. Treatment to date has included oxycontin; percocet; zanaflex and neurontin. The documentation noted that the injured worker has been on percocet and oxycontin since at least 3-5-15. The original utilization review (10-13-15) modified the request for oxycontin 20mg #60 with 2 refills #30. The request for percocet 5-325mg #60 with 2 refills has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60 with 2 Refills: 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, specific drug list.

Decision rationale: Oxycontin 20mg #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Oxycontin Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Oxycontin without significant evidence of objective increase in function. Additionally, the MTUS would not support 2 refills of this medication without evidence of efficacy. For these reasons the request for continued Oxycontin is not medically necessary.

Percocet 5/325mg #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Percocet 5/325mg #60 with 2 Refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Percocet is Oxycodone and Acetaminophen. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Percocet without significant evidence of objective increase in function. Additionally, the MTUS would not support 2 refills of this medication without evidence of efficacy. For these reasons the request for continued Percocet is not medically necessary.