

Case Number:	CM15-0208248		
Date Assigned:	10/27/2015	Date of Injury:	01/20/1993
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 42-year-old male, who sustained an industrial injury on 1-20-93. The documentation on 8-28-15 noted that the injured worker has complaints of low back pain radiating down to both lower extremities with right greater than left. The documentation noted that his pain can go as high as 9 out of 10 in intensity but on his current medical regimen, it is decreased to 7 out of 10 but continues to limit both his mobility and activity tolerance. The diagnoses have included brachial neuritis or radiculitis not otherwise specified. Treatment to date has included oxycontin; soma; topamax; lumbar epidural steroid injection; cervical spinal cord stimulator which was implanted on 4-30-15 with at least 50 to 60 percent pain relief to his neck and bilateral upper extremity and cervical fusion at C4-5, C5-6 and C6-7. The documentation noted that the injured worker has been on oxycontin since at least 5-6-15. The original utilization review (9-24-15) modified the request for oxycontin 20mg, 1 tablet every 12 hours, #60 to oxycontin 20mg, 1 tablet every 12 hours #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, 1 tablet every 12 hours, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1993 when he was struck on the head by falling boxes. He underwent a multilevel cervical spine fusion. He continues to be treated for chronic pain including a diagnosis of CRPS. A spinal cord stimulator was implanted in April 2015. A lumbar epidural injection in January 2015 had provided four months of 60% relief of low back and lower extremity radicular symptoms. In May 2015, there had been 60% pain relief with the stimulator. Medications included OxyContin and all tram at a total MED (morphine equivalent dose) of 160 mg per day. In August 2015, he was having increasing radiating low back pain. A lumbar epidural injection was being requested. He was decreasing his use of OxyContin. The total MED was 130 mg per day. In September 2015 the spinal cord stimulator was helping with his right arm pain. It was not helping with either neck or left arm pain. Physical examination findings included decreased upper and lower extremity strength and sensation. There was a decreased left ankle reflex. He had a slow gait. Straight leg raising was positive bilaterally. There were severe cervical muscle spasms and positive left Tinel's testing. Brachial plexus stress testing was positive. The claimant's medications were continued. His OxyContin dose was decreased. The total daily MED was now 100 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 being decreased and, when the request was made, was now less than 120 mg per day. A reassessment of the claimant's pain at the next visit after decreasing the dose would be expected and would be needed to determine whether ongoing prescribing was warranted or whether weaning and discontinuance would be indicated. The request for prescribing at this dose was therefore medically necessary.