MAXIMUS Federal Services

Case Number:	CM15-0209235		
Date Assigned:	10/28/2015	Date of Injury:	11/03/1986
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, Tennessee
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 76 year old female who sustained an industrial injury on 11-3-86. The medical records indicate that the injured worker was being treated for osteoarthritis; bilateral sacroiliac joint pain; bilateral lower extremity neuropathic pain; lumbar post laminectomy syndrome; lumbar disc protrusion. She currently (9-8-15) complains of bilateral low back pain radiating to the buttocks, bilateral lower extremity and feet. On physical exam of the lumbar spine there was tenderness on palpation, restricted range of motion in all directions due to pain, positive sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus. Pain levels were not enumerated. In the 9-8-15 progress note the treating provider indicates that OxyContin provides 50% decrease of the injured worker's pain, 50% improvement in activates of daily living such as self-care and dressing. "The patient has an up-to-date pain contract and the patient's previous urine drug screen was consistent. The medication has no adverse effect on the patient. The patient shows no signs of misuse- abuse of this medication. The patient shows no aberrant behavior with this medication." A drug screen dated 7-9-15 was consistent with prescribed medications. Treatments to date include medication: OxyContin (since at least 4-22-15), clonazepam, Cymbalta, baclofen, Prednisone: prior medications: Ambien, Xanax, Neurontin, Lyrica; status post L5-S1 laminectomy and fusion. The request for authorization was not present. The request for authorization was not present. On 9-28-15 Utilization Review non-certified the request for OxyContin 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

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 rationale: Oxycontin is an extended release preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving oxycontin since at least April 2015 and has not obtained analgesia. In addition there is no documentation that the patient has failed treatment with first line medications Diclofenac has decreased her pain from 8/10 to 4/10. Criteria for long-term opioid use have not been met. The request is not medically necessary.