

Case Number:	CM15-0209885		
Date Assigned:	10/28/2015	Date of Injury:	02/23/1991
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 02-23-1991. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for opioid dependence, chronic pain and lumbar post-laminectomy syndrome. Medical records (06-09-2015 to 10-14-2015) indicate ongoing back and flank pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or functional improvement. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-14-2015, revealed intention tremors, anxiousness, forward flex body posture, facial grimacing, verbal outburst sighing, and guarded ambulatory movement behavior. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications (OxyContin 30mg and OxyContin ER 40mg since at least 05-2015). The treating physician indicates that the IW has been unable to decrease or taper his dose of OxyContin due to reports of other comorbid conditions, and that the IW cancelled his schedule detox and was reportedly uncertain whether he could participate in the near future. The PR and request for authorization (10-14-2015) shows that the following medication was requested: OxyContin ER 40mg #180 with no refills. The original utilization review (10-21-2015) partially approved the request for OxyContin ER 40mg #180 with no refills (for weaning purposes).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Oxycontin 40mg ER, 2 tablets 3/day, Qty 180 refills 0: 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, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement.

Decision rationale: Review indicates the request for Oxycontin was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic 1991 injury without acute flare, new injury, or progressive neurological deterioration. The 1 Oxycontin 40mg ER, 2 tablets 3/day, Qty 180 refills 0 is not medically necessary and appropriate.