

Case Number:	CM15-0020171		
Date Assigned:	02/09/2015	Date of Injury:	02/14/2003
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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: Preventive Medicine, Occupational 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:

This 53-year-old female reported a work-related cumulative trauma injury to the neck and bilateral upper extremities on 2/14/2003. According to the progress notes from the treating provider dated 12/15/2014, the diagnoses are chronic pain disorder, cervical discogenic disease and cervical, lumbar, shoulders sprain/strain. She reports neck and upper back pain rated 5/10. Previous treatments include medications (Ambien CR, diazepam, Flexeril, Xanax, Vicoprofen, Oxycodone, OxyContin, Cymbalta, Lexapro, Prestiq, Flector Patch, Lidoderm and Amitiza), epidural steroid injections, medial branch nerve blocks, massage therapy, splinting and physical therapy. The treating provider requests 240 tablets of Oxycontin CR 10mg. The Utilization Review on 1/6/2015 modified the request to 120 tablets of Oxycontin CR 10mg, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids; Weaning Medications Page(s): 60, 74-96, 124.

Decision rationale: Oxycodone (OxyContin) is a semisynthetic opioid indicated for treatment of moderate to severe pain available in immediate release and controlled release forms. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The total morphine equivalent dose for this patient (morphine sulfate and oxycodone combined) is 480 mg. This is significantly above the maximum dosing recommended and puts the patient at risk for increased morbidity and mortality. Continued use of high dose opioid therapy is not indicated. Weaning is recommended. Medical necessity for use of this medication has not been established.