

Case Number:	CM15-0020762		
Date Assigned:	02/10/2015	Date of Injury:	09/30/1999
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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 52-year-old male, with a reported date of injury of 09/30/1999. The diagnoses include chronic neck pain, and status post anterior cervical discectomy at C6-7 with bilateral foraminotomy, interbody fusion, chronic lower back pain, and status post L4-5 and L5-S1 fusion. Treatments have included a lumbar epidural steroid injection, oral medications, and lumbar MRI on 05/05/2014. The progress report dated 12/24/2014 indicates that the injured worker reported low back and neck pain. He indicated that his pain was worse, and rated it 10 out of 10, without medications. With medications and injections, he rated his pain 5 out of 10. The neck pain had been unchanged since the last visit and more manageable with medications. The injured worker did not function well with activities of daily living due to more pain flaring-up. The physical examination showed limited cervical range of motion in all planes, mild tenderness to palpation across his neck, mild tenderness to palpation across his back, and limited range of motion. The treating physician requested Oxycontin 30mg every 12 hours per persistent pain. On 01/12/2015, Utilization Review (UR) modified the request for Oxycontin 30mg #60, noting that there was no documentation of functional improvement with the medication usage. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, 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 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 with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycontin 30mg, #60 is not medically necessary and appropriate.