

Case Number:	CM15-0024258		
Date Assigned:	02/13/2015	Date of Injury:	05/19/1999
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/12/2015

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, Washington

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 65-year-old male who reported an injury on 05/19/1999. The injured worker was utilizing this classification of medications since at least 2000. The mechanism of injury was the injured worker was helping his largely disabled wife out of bed and felt a searing hot pain in his low back. The injured worker had physical therapy and epidural steroid injections. The injured worker underwent a CT scan of the lumbar spine on 01/03/2014. The injured worker had undergone urine drug screens. The documentation of 12/29/2014 revealed the injured worker was in the office for a medication refill. The injured worker was noted to be stable on the current regimen. It was indicated the medication provided effective pain relief and allowed the injured worker to experience less pain and be more active from day to day, performing activities of activities of daily living and improving his quality of life. There were no adverse effects or aberrant drug behavior. The injured worker was in the office for significant low back pain. The injured worker's medications included fentanyl 100 mcg/hour, fentanyl 75 mcg/hour, and OxyContin 40 mg 3 tablets in the morning and 3 tablets at night. The injured worker was noted to have a lumbar discogram. The physical findings revealed the injured worker had paraspinal tenderness over L3-5 and active range of motion was decreased with extension after flexion. The diagnosis included lumbago, lumbar disc degeneration, lumbar facet syndrome, and myofascial pain syndrome. The treatment plan included fentanyl 100 mcg/hour every 72 hours and OxyContin 40 mg 2 tablets in the morning and 2 at bedtime and fentanyl 75 mcg/hour. There was a Request for Authorization submitted for review dated 12/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Weaning of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function and evidence that he was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of an objective decrease in pain. Additionally, the cumulative dosing of all opioids would be 480 mg of daily morphine equivalent dosing. This would exceed guideline recommendations of a maximum of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 40 mg #120 is not medically necessary.