

Case Number:	CM15-0026884		
Date Assigned:	02/19/2015	Date of Injury:	03/27/2012
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 3/27/02. The injured worker has complaints of right low back pain radiating occasionally up towards the upper lumbar and lower thoracic region. The 2/9/15 Pain Consultation noted that the injured worker will continue full duty with current restrictions. He had a lumbar trigger point injection with ultrasound 5/7/14 that lasted greater than 2 months. The diagnoses have included sacroiliitis not elsewhere classified; post-laminectomy syndrome of lumbar region; lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; fasciitis not otherwise specified and encounter for long-term use of other medications. Treatment to date has included a fusions at approximately L4-15, which did not provide pain relief; sacroiliac injections; trigger point injections to the right and left side and medications. According to the utilization review performed on 1/27/15, the requested Oxycotin 40mg #120 has been modified to Oxycotin 40mg #42. CA Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycotin 40mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: pain. According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The maximum opioid dose recommended daily should not exceed 120 mg equivalent of morphine. The claimant had been on 180 mg of morphine equivalent daily. However, he had been tapering from 240 mg daily to 200 mg daily and now to 160 mg Oxycontin Daily. The claimant is responding to the pain control and the physician is reducing the opioid dose. Since the medication cannot be stopped abruptly, the adjusted dose reduction of 20% is appropriate and medically necessary.