

Case Number:	CM15-0211419		
Date Assigned:	10/30/2015	Date of Injury:	02/15/2013
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 2-15-13. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, cervical pain, shoulder pain, and knee pain. Treatment to date has included 6-10 physical therapy sessions for the shoulder, a home exercise program, 4 lumbar epidural steroid injections, a right shoulder joint injection, right shoulder total replacement surgery in 2014, and medication including Oxycontin and Valium. Physical exam findings on 8-18-15 included no cervical spine tenderness to palpation, no pain with cervical range of motion, and no cervical facet loading pain. Hawkin's sign, Speed's test, and Yergason's test were negative. Tenderness to palpation was noted over the lumbar paraspinal muscles on the right. No pain was noted with lumbar active range of motion and no pain was noted the facet loading. Crepitus in bilateral knees, pain with right patella mobilization, and right knee pain with Varus maneuver was noted. Pain in the left medial knee with Valgus maneuver was noted. Anterior and posterior drawer test and McMurray's tests were negative. The injured worker had been taking Oxycodone since at least August 2014. On 8-18-15, the injured worker complained of pain in the neck, upper back, lower back, bilateral shoulder, right arm, right elbow, right hand, bilateral hips, bilateral knees, right ankle, and right foot rated as 6 of 10. The treating physician requested authorization for Oxycontin CR 60mg #210. On 9-28-15, the request was modified to certify Oxycontin CR 60mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

210 tablets of Oxycontin Controlled Release 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, dosing.

Decision rationale: 210 tablets of Oxycontin controlled release 60mg is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over the MTUS recommended 120mg oral morphine equivalents daily and despite this, his pain is progressing since his injury. The documentation indicates that the patient has been on long-term opioids for chronic low back pain, which is not supported by the MTUS. The patient also has shoulder and knee pain. The MTUS states that opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies." The MTUS additionally states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal evidence of significant objective increase in function despite high dose long term opioids therefore this request is not medically necessary.