

Case Number:	CM15-0030266		
Date Assigned:	02/23/2015	Date of Injury:	04/01/1997
Decision Date:	04/08/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/18/2015

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 49 year old female, who sustained an industrial injury on April 1, 1997. She has reported a neck injury. The diagnoses have included degeneration of cervical disc with myelopathy, back pain, lumbar disc disease, low back pain, paresthesia, nonallopathic lesion of thoracic region and nonallopathic lesion of cervical region. Treatment to date has included medications, surgery and diagnostic studies. On February 3, 2015, the injured worker complained of back pain with radiation to the scalp, upper back and shoulders. The pain is severe, unbearable, constant, sharp, stabbing and throbbing. Associated symptoms include headache, neck stiffness and left upper extremity paresthesias. On January 31, 2015, Utilization Review modified a request for Oxycontin 80mg #150 to #90, noting the CA MTUS Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of Oxycontin 80mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain, shoulder pain, neck pain. The treater has asked for OXYCONTIN 80MG QTY: 150 on 12/10/14. Patient has been using Oxycontin since 1/9/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently disabled. In this case, the treater does indicate a decrease in pain with current medications which include oxycontin in reports dated 1/9/14 to 2/3/15. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report per review of reports dated 1/9/14 to 2/3/15. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.