

Case Number:	CM15-0031501		
Date Assigned:	02/24/2015	Date of Injury:	09/24/1996
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61-year-old male, who sustained an industrial injury on September 24, 1996. The diagnoses have included history of cervical fusion at C3-C4 and C6-C7 in April 1998, chronic headaches and neck pain, carpal tunnel syndrome, and history of right shoulder surgery 2000. Treatment to date has included medications. Currently, the injured worker complains of being frustrated and angry, going through withdrawals, with diminished social interactions, ringing in the ears, and inability to work, due to medication denials for the previous four months. The injured worker was noted to have neck pain. The Primary Treating Physician's report dated January 22, 2015, noted the injured worker with diminished range of motion (ROM) of the cervical spine, palpatory tenderness all throughout the posterior neck, with near full range of motion (ROM) of the shoulders, however with the injured worker complaining of pain. The Physician noted the injured worker used to stay quite functional, working 15-20 hours a week, however was unable to do that anymore. On February 13, 2015, Utilization Review non-certified Oxycontin 20mg 3-4 per day #100, noting that it was not clear why the injured worker was on both Oxycontin and Vicoprofen. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of Oxycontin 20mg 3-4 per day #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg 3-4 per day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The most recent note is an appeal dated February 19, 2015 which indicates that the injured employee performs well on Oxycontin, however this note as well as elsewhere in the medical record, reveals little documentation to support the medical necessity of Oxycontin 20 mg nor any documentation addressing all of the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required substantiating medical necessity, and beyond the fact that he is working 15-20 hours a week, they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no documentation of risk assessment, medical necessity cannot be affirmed.