

Case Number:	CM15-0033474		
Date Assigned:	02/27/2015	Date of Injury:	06/27/2005
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old female, who sustained an industrial injury on 06/27/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include other chronic pain, cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, occipital neuralgia, headaches, cervicgia, gastroesophageal reflux disorder, insomnia, and medication related dyspepsia. Treatment to date has included medication regimen, acupuncture, computed tomography of the cervical spine, magnetic resonance imaging of the cervical spine, and a home exercise program. In a progress note dated 01/08/2015 the treating provider reports complaints of neck pain that radiates to the left upper extremity, thoracic back pain, low back pain that radiates to the left lower extremity, bilateral feet pain, ongoing headaches, and associated symptoms of insomnia and anxiety. The injured worker rates the pain an eight out of ten with medication and a ten out of ten without medication. The treating physician requested the medication of Oxycontin noting previous medication use of Oxycontin along with the injured worker's pain rating to be an eight out of ten with her medication regimen that included Oxycontin. On 01/30/2015 Utilization Review modified the requested treatment of Oxycontin 40mg twice a day with a quantity of 60 to Oxycontin 40mg twice a day for a quantity of 15, noting the Medical Treatment Utilization Schedule (2009): Chronic Pain Medical Treatment Guidelines, pages 76 to 79, page 43, page 74, page 86, page 80, page 91, page 124; Section 9792.20(f); and Official Disability Guidelines, Pain (web: updated 01/19/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 'ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, several reviewers since 2/2014 have recommended weaning from Oxycontin. However, the patient continues to pay for the drug out of pocket. As such the request for OXYCONTIN 40 MG BID #60 is not medically necessary.