

Case Number:	CM15-0035674		
Date Assigned:	03/04/2015	Date of Injury:	05/30/1997
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, 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 53 year old male, who sustained an industrial injury on May 30, 1997. The injured worker had neck, back and upper extremity injuries. The diagnoses have included status post lumbar laminectomy with radiculopathy, status post arthrodesis of the lumbar spine times five, status post removal of hardware of the lumbosacral spine, failed back syndrome, status post cervical spine fusion, status post left shoulder arthroscopy, depression and status post trial of an intrathecal morphine pump on January 27, 2014. Treatment to date has included medications, diagnostic testing and multiple surgeries. Current documentation dated November 20, 2014 notes that the injured worker complained of back, neck and upper and lower extremity pain. He reported difficulty with activities of daily living. Physical examination of the cervical spine and the upper extremities revealed slow head and neck movement, tightness and tenderness. Range of motion was decreased. Examination of the lower extremities revealed tenderness and muscle spasms. Range of motion, deep tendon reflexes and sensation were decreased bilaterally. Straight leg raise was positive bilaterally. The patient sustained the injury when he was pushing a tub of fabrics. The medication list include Ultram, Norco, Lyrica, Ambien, Oxycontin, Lyrica and Prilosec. He has had a urine drug toxicology report on 8/23/14 and 1/20/15 that was positive for tramadol and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Oxycontin 40mg #60. Oxycontin 40mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 40mg #60 is not established for this patient.