

Case Number:	CM15-0036802		
Date Assigned:	03/05/2015	Date of Injury:	07/21/2003
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 7/21/03. He has reported back injury. The diagnoses have included lumbar radiculopathy, lumbar spondylosis, failed back surgery syndrome and lumbar myofascial pain. Treatment to date has included medications, dorsal column stimulator, diagnostics, surgery, psychotherapy, physical therapy, and Epidural Steroid Injection (ESI). Currently, as per physician progress note dated 1/5/15, the injured worker complains of persistent and worsening low back pain with shooting pain down both legs with numbness. He was ambulating with use of a cane. Physical exam revealed trigger points with deep palpation in the lower thoracic and upper lumbar muscles. The straight leg raise was provocative for low back pain and radicular pain down both legs bilaterally. The injured worker states that the medications help him complete his activities of daily living (ADL's). The urine drug screen dated 1/20/15 was consistent with medication prescribed. The current medications were not noted. On 1/30/15 Utilization Review modified a request for Oxycontin 40 MG #90 modified to Oxycontin 40 MG #30 and #60 non-certified for continued weaning, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 40 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar spondylosis; lumbar myofascial pain; and depression. The documentation from a January 5, 2015 progress note states the injured worker is receiving Opana ER 30 mg BID and Opana IR 10 mg TID. Documentation from a July 8, 2014 progress note indicates the injured worker is taking OxyContin 40 mg PO TID and OxyContin 30 mg PO QID. The utilization review physician had a peer to peer call with the treating physician. The documentation is somewhat confusing as to what opiate(s) the injured worker is currently taking. The treating physician was informed the morphine equivalent dose (MED of 300) exceeded the recommended guidelines (120). There have been multiple utilization reviews with denials of opiates based on their long-term use and the MED. There were no detailed pain assessments, risk assessments or evidence of objective functional improvement associated with long-term opiate use. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detailed assessments with an abnormally high MED, OxyContin 40 mg #90 is not medically necessary.