

Case Number:	CM15-0036873		
Date Assigned:	03/05/2015	Date of Injury:	08/04/2005
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
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: 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:

This is a 46 year old male patient who sustained an industrial injury on 08/04/2005. Diagnoses include post laminectomy syndrome in the lumbar region, myofascial pain syndrome, and encounter for long-term use of medications, opioid type dependence and lumbar facet syndrome-left. Per the physician progress note dated 02/04/2015 and 2/16/2015, he had complaints of chronic low back pain and left leg pain at 5/10. Physical examination revealed left sided foot flat, heel strike, an antalgic gait; facial nerve exam- right sided facial asymmetry. He has taken chronic opioids for years for his low back pain and was previously on quite high doses and was weaned down. The medications list include cymbalta, zoloft, topamax and oxycontin. He also tried lyrica, prozac and sonata. He has undergone lumbar surgery in 6/2012. He has had X rays of the lumbar spine which revealed normal post-operative changes. He has had behavioral medicine treatment, physical therapy, chiropractic sessions, and epidural injections. He has had urine drug screen on 11/14/13, 3/5/14, 6/13/14, 8/7/2014, 10/21/2014, /11/2014 and 12/2/2014. On CM15-0036873 Utilization Review non-certified the request for OxyContin 20mg, #90 and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15)Opioids, criteria for use.

Decision rationale: Request: Oxycontin 20mg #90 Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited above, "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 did not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of 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 did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Response to lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by the cited guidelines 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. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 20mg #90 is not established for this patient.