

Case Number:	CM15-0047283		
Date Assigned:	03/19/2015	Date of Injury:	03/30/2009
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey

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 36 year old male, who sustained an industrial injury on 3/30/09. He reported low back injury. The injured worker was diagnosed as having lumbar radiculopathy and spinal/lumbar degenerative disc disease. Treatment to date has included lumbar spine surgery, physical therapy, pain management, and oral medications including opioids, activity restrictions and home exercise program. Currently, the injured worker complains of low back pain with radiation down left leg, notes an increase in pain since previous visit. Physical exam noted restricted range of motion of lumbar spine with tenderness on palpation of paravertebral muscles. The injured worker states with medications he is able to perform activities of daily living and walk 5 blocks. The treatment plan is to refill OxyContin and Oxycodone and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioidsf
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he was prescribed and taking OxyContin regularly for his chronic pain with some reported benefits from his medications collectively. However, the reports available for review failed to represent how much pain relief and functional increase was directly and independently as a result of the OxyContin use in order to help justify its continuation. Also, the current request for renewal failed to include the number of pills, which is required. Therefore, the OxyContin will be considered not medically necessary at this time.

Oxycodone HCL 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he was prescribed and taking oxycodone regularly for his chronic pain with some reported benefits from his medications collectively. However, the reports available for review failed to represent how much pain relief and functional increase was directly and independently as a result of the oxycodone use in order to help justify its continuation. Also, the current request for renewal failed to include the number of pills, which is required. Therefore, the oxycodone will be considered not medically necessary at this time.

