

Case Number:	CM15-0050082		
Date Assigned:	04/15/2015	Date of Injury:	03/19/2002
Decision Date:	05/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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
 Certification(s)/Specialty: Emergency 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 63-year-old male, who sustained an industrial injury on March 19, 2002. The injured worker was diagnosed as having chronic pain syndrome, lower back pain, lumbar/thoracic radiculopathy, spinal enthesopathy, and fasciitis, unspecified. Treatment to date has included nerve stimulator placement, lumbar spine MRI, physical therapy, TENS, and medication. Currently, the injured worker complains of mid to lower back pain. The Primary Treating Physician's report dated February 10, 2015, noted the injured worker status post four treatments of his percutaneous peripheral nerve stimulation, denying any benefit for his pain and function. The injured worker reported his pain always present, rating it a 9/10 on the visual analog scale (VAS) with medication. The injured worker reported that with the recent decrease in his Oxycontin; his pain was increased, struggling with his daily activities. Physical examination was noted to show lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. Current medications were listed as Oxycontin and Norflex. The treatment plan was noted to include refill of the Oxycontin, restoring the injured worker to his chronically effective dose of Oxycontin 40mg QID as he was trialed on a lower dose but was unable to tolerate the decrease due to inefficacy, making it difficult for him to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: 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): 78-80.

Decision rationale: Prolonged use of Opiate medication requires specific criteria based on the MTUS guidelines. These include, in part, not only pain relief but also functional gains. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects seen. Opioids have been suggested for neuropathic pain that has not responded to first-line medications, which include antidepressants and anticonvulsants. Opioids appear to be efficacious for short-term pain relief but long-term improvement appears limited (greater than 16 weeks). Failure to respond to a time-limited course of opioids has led to the suggestion of consideration of alternative therapy. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. There is inadequate documentation to support chronic opioid use based on lack of functional gains demonstrated. Therefore, the request is not medically necessary.