

Case Number:	CM15-0050545		
Date Assigned:	03/24/2015	Date of Injury:	12/16/1997
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 68 year old male who sustained an industrial injury on 12/16/1997. He reported pain in the back, bilateral lower extremities and muscles. The injured worker was diagnosed as having lumbar radiculitis, cervical radiculitis, and chronic regional pain syndrome I, left lower extremity. Treatment to date has included management by a pain specialist with opioid medications, muscle relaxants and antidepressants. His medications have been at the lowest effective dose and have been stable for several years. Currently, the injured worker complains of pain with extension and rotation of the left shoulder, hyperesthesia of the left lower extremity and allodynia of the left lower extremity. The medications taken for pain cause constipation which responds to Amitiza. The worker's response to medications is a documented 40% pain reduction with OxyContin two tablets that he takes every 12 hours. Pain without medications was stated to be a 10/10 and with medications a 6/10. His drug screens have been consistent with the medications prescribed, and there is a pain contract that is current. The request for authorization is for Oxycontin 20mg #120, Lyrica 300mg #60, Amitiza 24mcg #60 and Baclofen 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request is not medically necessary.