

Case Number:	CM15-0050627		
Date Assigned:	03/24/2015	Date of Injury:	12/06/1999
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old male who sustained an industrial injury on 12/6/99. The injured worker reported symptoms in the neck, back and bilateral lower extremities. The injured worker was diagnosed as having status post lumbar fusion, chronic neck strain with left sided radicular symptoms, chronic low back pain, bilateral leg pain, pain related insomnia, complex regional pain syndrome, bilateral leg weakness progressive and myofascial pain syndrome lumbar. Treatments to date have included oral pain medication, and exercise. Currently, the injured worker complains of pain in the neck, back and weakness in the bilateral lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycontin 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Oxycontin (oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): (s) 74-95, page 124.

Decision rationale: OxyContin (long-acting oxycodone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated that the worker was experiencing lower back pain, leg discomfort, and episodes of leg weakness and tingling. These records report the large number of pills was requested to allow for tapering medication, but this has not occurred over at least several months of such requests. Further, the recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no description of improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 240 tablets of OxyContin (long-acting oxycodone) 10mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.