

Case Number:	CM15-0080833		
Date Assigned:	05/01/2015	Date of Injury:	03/15/2010
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male, who sustained an industrial injury on 3/15/2010. He reported injury of the neck and low back. The injured worker was diagnosed as having intervertebral lumbar disc disorder with myelopathy, cervicgia, post laminectomy syndrome cervical region, intervertebral cervical disc disorder with myelopathy, lumbar/lumbosacral intervertebral disc degeneration, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis/radiculitis and cervical intervertebral disc degeneration. There are associated diagnoses of insomnia, depression and anxiety disorder. Treatment to date has included medications, epidural steroid injection, moist heat, stretches and home exercises. The request is for a trial of Oxycontin. On 4/13/2015, he reports continued neck symptoms, rare mild headaches. He reportedly tried and failed Gabapentin. The records indicate he had an epidural steroid injection and reported improvement. He has current complaints of low back pain. He indicated his average pain level to be 10/10 without medications and 7/10 with medications. His current pain level was reported to be 8.5/10. His current medications are listed as: Roxicodone, Norco, Soma, and Zolpidem Tartrate. The treatment plan included: renewing Roxicodone, Norco, psychiatric consultation, sleep study, spinal cord stimulator trial and trial of Oxycontin. There was report of significant pain relief for the lower back and leg following a 4/1/2015 lumbar epidural steroid injection. The UDS and CURES reports was noted to be consistent but no report was provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Oxycontin 40mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate Release; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and ODG guidelines recommend that opioid can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interactions with other sedatives. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. The compliance monitoring reports of UDS and CURES data was not provided. The patient reported significant pain relief and functional restoration following epidural injection. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with anticonvulsant and antidepressants co-analgesic medications. The criteria for the trial use of OxyContin 40mg #60 was not met. The request is not medically necessary.