

Case Number:	CM15-0083664		
Date Assigned:	05/05/2015	Date of Injury:	02/02/2004
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: Physical Medicine & Rehabilitation, 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 33 year old male, who sustained an industrial injury on 2/02/2004. He reported back and hip pain while lifting, twisting, and transferring boxes. The injured worker was diagnosed as having bilateral hip bursitis and lumbar disc disease with radiculopathy. Treatment to date has included diagnostics, unspecified right hip surgery, cortisone injections, Toradol injections, and medications. Currently, the injured worker complains of pain in bilateral hips, rated 9/10, and pain in his lower and upper back, rated 10/10. Overall, no improvement in condition/pain was reported. Current medications included Oxycontin, Oxycodone IR, and Omeprazole. He reported 30% pain relief with medication use. Physical exam of the thoracolumbar spine noted decreased range of motion, tenderness to palpation over the paralumbar muscles, right greater trochanter, and sacroiliac joint, trigger point myospasms, and positive straight leg raise test. The treatment plan included continued medications. Medications and pain levels were consistent for several months. Urine toxicology testing was submitted. His work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg QID #120 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medications Page(s): 75-80.

Decision rationale: Regarding the request for oxycodone IR, Chronic Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain as the patient continues to have 9 out of 10 pain in the bilateral hips and 10 out of 10 pain in the upper and lower back. Furthermore, a urine drug screen on 8/23/2014 indicates inconsistent use of oxymorphone that is not prescribed by the provider. There is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone IR is not medically necessary.

Oxycontin 40mg BID #60 2 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medications Page(s): 75-80.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain as the patient continues to have 9 out of 10 pain in the bilateral hips and 10 out of 10 pain in the upper and lower back. Furthermore, a urine drug screen on 8/23/2014 indicates inconsistent use of oxymorphone that is not prescribed by the provider. There is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

