

Case Number:	CM15-0087090		
Date Assigned:	05/11/2015	Date of Injury:	12/16/1997
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69-year-old male, who sustained an industrial injury on December 16, 1997. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical radiculitis, lumbar radiculitis, complex regional pain syndrome of the left lower extremity and lumbar radiculopathy. Treatment to date has included medications, radiological studies and an epidural steroid injection. Current documentation dated April 17, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities with increased sensitivity of the left leg. The injured worker also noted left shoulder pain and stinging leg pain. The pain was rated a six out of ten on the visual analogue scale with medications. Examination of the left shoulder revealed a decreased and painful range of motion. Examination of the left lower extremity revealed allodynia and hyperesthesia. Deep tendon reflexes were 3+/4 in the right Achilles. The documentation supports that the injured worker had been trialed on lower doses of narcotics. However, the injured worker had a decrease in his activities of daily living and increased pain. The treating physician's plan of care included a request for the medication Oxycontin 20 mg # 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, criteria for use - Therapeutic Trial of Opioids; Opioids for chronic pain - Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of functional and pain improvement with previous use of Oxycontin. There is no documentation of continuous compliance of patient with his medications. Therefore, the prescription of Oxycontin 20mg #120 is not medically necessary.