

Case Number:	CM15-0087835		
Date Assigned:	05/12/2015	Date of Injury:	03/19/1997
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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

Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 3/19/97. He reported low back pain. The injured worker was diagnosed as having lumbar failed back surgery syndrome, spinal cord stimulation device disabled, lumbar radiculopathy, and depression secondary to chronic pain. Treatment to date has included spinal cord stimulator implantation, spinal fusion from L1-3, and medications. A report dated 3/26/15 noted pain was rated as 6/10. A physician's report dated 4/14/15 noted pain was rated as 6-7/10. The injured worker has been taking Oxycontin and Morphine since at least 10/5/12. Currently, the injured worker complains of low back and lower extremity pain. The treating physician requested authorization for Oxycontin 30mg #90 and MS Contin 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the records showed that the worker was status-post lumbar surgery, taking "post-op" medications (Oxycontin and MS Contin) which were different than the oxymorphone used before the surgery. There was limited supportive evidence of previous use of opioids as well as these current medications. There was no description of how effective the Oxycontin was at lowering the pain level compared to not using it and no specific mention of functional outcomes with the addition of this medication. A weaning plan was seen in regards to using less and less Oxycontin over 6 months duration, which seems to be quite slow, considering these were added for post-operative use and for during physical therapy. Therefore, a lower dose might be more appropriate with a quicker taper plan, in the opinion of this reviewer. Therefore, considering the factors above, the request for Oxycontin 30 mg #90 will be considered medically unnecessary.

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the records showed that the worker was status-post lumbar surgery, taking "post-op" medications (Oxycontin and MS Contin) which were different than the oxymorphone used before the surgery. There was limited supportive evidence of previous use of opioids as well as these current medications. There was no description of how effective the MS Contin was at lowering the pain level compared to not

using it and no specific mention of functional outcomes with the addition of this medication. A weaning plan was seen in regards to using less and less Oxycontin over 6 months duration, which seems to be quite slow, considering these medications were added for post-operative use and for use during physical therapy. There was no mention of any plans on weaning of MS Contin. Weaning of MS Contin would seem more appropriate to wean off of first. Therefore, considering the factors above, the request for MS Contin 15 mg #90 will be considered medically unnecessary.