

Case Number:	CM15-0089527		
Date Assigned:	05/13/2015	Date of Injury:	09/30/1999
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 53 year old male, who sustained an industrial injury on 9/30/1999. The medical records submitted for this review did not include the details regarding the initial injury or a complete account of the prior treatments to date. Diagnoses include chronic neck pain, status post cervical discectomy and interbody fusion, chronic lower back pain and lumbar fusion, and depression. Treatments to date include medication therapy and epidural injections. Currently, he complained of back pain with radiation of numbness to bilateral lower extremities. The pain was rated 10/10 VAS without medication and 5/10 VAS with medication and epidural injections. There was documented of two occasions of presentations to the Emergency Department (ED) in the past when medication had run out since the prior office visit. On 3/18/15, the physical examination documented limited cervical and lumbar range of motion with tenderness to palpation throughout both regions. The provider documented that he was pending authorization for radiofrequency ablation in the lumbar spine. The plan of care included OxyContin ER 30mg, one tablet twice a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication 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 documentation indicating the medication has reduced the patient's pain from 10/10 to 5/10, and allows the patient to perform activities of daily living. The patient denies any side effects while being on this medication. However, the patient has some signs of inconsistent use of narcotic medication (notably hydromorphone) on a urine drug screen from 10/4/2014. There are also documentation of multiple ER visits in 2014 and receiving narcotic medications from multiple providers outside of primary treating physician. As such, there is no clear indication for ongoing use of the medication without addressing these high-risk behaviors. 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.