

Case Number:	CM14-0131574		
Date Assigned:	08/20/2014	Date of Injury:	08/09/2006
Decision Date:	12/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year-old patient sustained an injury on 8/9/06 while employed by [REDACTED] other. Request(s) under consideration include Oxycontin 80mg #90. Diagnoses include chronic low back pain with muscle spasm and radiculopathy. MRI of the lumbar spine on 9/14/06 showed "minimal L5-S1 disc degeneration." Report of 11/21/11 list medications to include OxyContin, Norco, Nucynta, Soma, Amitriptyline, and Cymbalta. UDS dated 12/19/12 and 4/11/13 showed inconsistent findings of Tapentadol and Hydrocodone. Report of 7/1/13 from a provider noted heightened level of screening due to some inconsistencies with the urine toxicology results. Medications list on 1/16/14 included Ambien, OxyContin, Lyrica, Hydrocodone/APAP, and duloxetine. Previous peer review had recommended modifying OxyContin 80 mg #90 and Hydrocodone/APAP 10-325mg #240 requests for weaning purposes to below 120 MED as recommended by the Guidelines. It was noted the provider stated no UDS has been done of late as the patient had been compliant. Peer review on 7/2/14 again recommended modifying the OxyContin 80mg #90 for weaning as the patient's MED remained high at 360 without functional improvement. The patient remained not working. Report of 7/24/14 from the provider noted chronic ongoing low back pain with radiation into the lower extremities with symptoms remaining unchanged. Exam was unchanged with findings of lumbar tenderness, positive facet loading, limited range, diffuse 4/5 weakness in right lower leg with diffuse decreased sensation at L4, L5, S1 dermatomes with positive SLR at 65 degrees. Treatment plan was for continued medication refills. The request(s) for Oxycontin 80mg #90 was non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening on multiple occasions; however, no adjustment was made by the provider regarding the aberrant drug behavior. Review indicated recommendation for weaning in February and July 2014 for MED below 120; however, the patient continued on same regimen of MED 360 without functional improvement, remaining off work. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2006 injury. The Oxycontin 80mg #90 is not medically necessary and appropriate.