

Case Number:	CM14-0137215		
Date Assigned:	10/03/2014	Date of Injury:	06/21/2009
Decision Date:	10/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine 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:

The patient had his injury on 6/21/09 .On 4/28/14 he saw his M.D. who noted mid to low back pain radiating into the buttocks associated with numbness in the posterior thigh and the pain rated as 9/10.He also noted muscular back spasms, anxiety, and night sweat which he noted could be signs of narcotic withdrawal and urged follow up with the pain specialist. His diagnoses were s/p removal of the spinal cord stimulator, L4-S1 pseudoarthrosis, s/p L4-S1 post-surgical fusion s/p spinal cord stimulator, RLE pain, and Failed back syndrome. On 3/17/14 the patient had an appointment with his pain medicine specialist who noted that the patient was tolerant to Celebrex and that he was on the following medications such as Lyrica, Methadone, Oxycontin, and Percocet. He noted that psych referral was pending.On7/29/14 the UR committee refused authorization to refill OxyContin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain medication Page(s): 92. Decision based on Non-MTUS Citation Up to date, review of oxycodone ; Topic 972.9 and Version 123.0

Decision rationale: The MTUS states that OxyContin is a controlled release formulation of oxycodone HCL and is indicated for management of moderate to severe pain when continuous around the clock analgesia is required for an extended period of time. We note that it should not be given on a PRN basis. It presents with the usual narcotic risks of addiction, abuse, and misuse. Also, we note that the extended release formulations have an increased risk of overdose and death. Adverse effects include drowsiness, dizziness, constipation, nausea, emesis, orthostatic hypotension, headache, and anxiety, dyspnea, and muscle weakness. We note that the above patient is being managed by a pain specialist whose expertise is in the use of these medications and that a psych referral is being obtained. We also note that the patient had severe pain in spite of comprehensive treatment including back surgery; and the use of such concomitant medications as Cymbalta, Celebrex, Lyrica, and short acting narcotic. Also such modalities as spinal cord stimulation have been implemented. In this patient with severe non remitting pain not responsive to more benign treatments it appears necessary to add a long acting narcotic to be used on a continuous basis. Therefore, the request is medically necessary.