

Case Number:	CM14-0147120		
Date Assigned:	09/15/2014	Date of Injury:	04/25/2002
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family 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 is a 61-year-old male who has submitted a claim for lumbago associated with an industrial injury date of April 25, 2002. Medical records from 2014 were reviewed, which showed that the patient complained of persistent pain in the back and left leg and down to the foot in an L5 distribution. There is also some numbness in that leg. Examination of the lumbar spine revealed tenderness at the lumbar spine and facet joint, decreased flexion, decreased extension and decreased lateral bending. Treatment to date has included oxycodone 30mg tablet (since at least 4/15/2014) and OxyContin 40mg extended release (since at least 4/15/14). Medications were reported to help reduce pain and without side effects. Urine drug testing (9/2/14, 7/8/14, 3/18/14) showed consistent results with medication prescriptions. Utilization review from August 28, 2014 denied the request for Oxycodone 30mg #180 and Oxycontin 40mg #180. The reason for denial was not indicated in the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycodone for pain since at least April 15, 2014. Records indicate that the medications help reduce pain and are without side effects. Urine drug screens were consistent. However, there is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycodone 30mg #180 is not medically necessary.

Oxycontin 40mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycontin for pain since at least April 15, 2014. Records indicate that the medications help reduce pain and are without side effects. Urine drug screens were consistent. However, there is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycontin 40mg #180 is not medically necessary.