

Case Number:	CM14-0181695		
Date Assigned:	11/06/2014	Date of Injury:	08/18/1999
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on August 18, 1999. Subsequently, the patient developed chronic neck and back pain. According to a progress report dated on August 26, 2014, the patient was reported to have eye patient pain, or neck and back pain. The patient stated lumbar epidural injection performed on September 24, 2013. The patient continued to have left neck and lower back pain. The patient pain was improving with the pain medications including OxyContin and Ambien. However he reported side effects such as fatigue and sexual dysfunction. The patient pain severity was rated from 4/10-9/10. The physical examination demonstrated the cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with low back pain, chronic neck pain and myofascial pain as well as depression. The provider requested authorization for the continuation of OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin IR 15 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of continuous patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior. The provider is requesting long term prescription of Oxycontin without a clear plan to monitor the 4 domains mentioned above. The patient developed fatigue and sexual dysfunction after the use of Oxycontin. Therefore, the requested Oxycontin IR 15 mg, ninety count is not medically necessary.