MAXIMUS Federal Services

Case Number:	CM14-0155273		
Date Assigned:	09/25/2014	Date of Injury:	08/03/2010
Decision Date:	06/22/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45 year old female, who sustained an industrial injury on 08/03/2010. She reported that while stacking pallets she threw her back out and then later she fell out of a cab of a truck landing on her buttocks causing continuous severe low back pain that radiates to the right lower extremity. The injured worker was diagnosed as having status post multiple compression fractures of the spine, disc herniation at lumbar five to sacral one, right lower extremity radiculopathy, placement of lumbar spinal cord stimulator, and revision of lumbar spinal cord stimulator. Treatment and diagnostic studies to date has included status post revision of spinal cord stimulator with repositioning of epidural leads, use of a single point cane, and medication regimen. In a progress note dated 08/21/2014 the treating physician reports complaints of low back pain with increased right leg pain. The examination was revealing for an antalgic gait, tenderness to the lumbar paraspinal muscles, and a decreased range of motion to the lumbar spine secondary to pain. The injured worker's current medication regimen included Topamax, Trazadone, Oxycontin, Amitriptyline, Neurontin, Percocet, and Baclofen. The treating physician notes that the injured worker's pain level is reduced significantly secondary to the medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication regimen and after use of this medication regimen to indicate the effects with the use of the injured worker's medication regimen. The documentation provided indicated that the injured worker had experienced functional improvement due to medication regimen as noted with independence in the injured worker's activities of daily living along with her ability to access her local community. The

medication regimen has also not caused any unwarranted side effects or aberrant drug behaviors with use of the injured worker's current medication regimen. The treating physician requested the medications Oxycontin 80mg with a quantity of 90 with the treating physician noting this as part of the injured worker's current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG TAB 1 PO Q 8H #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

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

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request FOR OXYCONTIN 80MG #120 is not medically necessary.