

Case Number:	CM14-0214630		
Date Assigned:	01/07/2015	Date of Injury:	02/02/2004
Decision Date:	03/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

53 yr. old male claimant sustained a work injury on 2/2/04 involving the low back. He was diagnosed with lumbar degenerative disc disease and spinal stenosis. He had been depressed due to the injury and was additionally diagnosed with Hepatitis C. He had been on Oxycodone and Oxycontin since at least March 2012 for pain. A progress note on 2/19/14 indicated the claimant had myofascial spasms and tenderness to palpation in the lumbar spine. He had pain radiating to the buttocks. He was continued on Oxycodone for pain and Baclofen for spasms. A progress note on 11/26/14 indicated the claimant had continued low back pain. Exam findings were notable for tenderness to palpation in the lumbar spine and spasms. The pain physician recommended continuation of Oxycontin 80 mg TID and Oxycodone 15 mg -4 times daily.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for 3 years without significant improvement in pain or function. Pain scale score were not documented. In addition, the claimant exceeded the maximum Morphine equivalent dose of 120 mg per day. The continued use of Oxycontin is not medically necessary.

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for a prolonged period of time without significant improvement in pain or function. The continued use of Oxycodone is not medically necessary.