

Case Number:	CM14-0218959		
Date Assigned:	01/09/2015	Date of Injury:	01/17/2014
Decision Date:	03/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 1/17/2014. He has reported neck, back, head, wrist and left thumb pain. The diagnoses have included lumbar disc displacement, cervical disc displacement and left thumb strain. Treatment has included a thumb spica splint, medication, physical therapy and chiropractic. Pain Management dated 1/18/2014 noted that the injured was had been experiencing increased pain in his lower back radiating down to both lower extremities, right greater than left. Low back pain is aggravated by any type of bending, twisting and turning. Lumbar spine Magnetic Resonance Imaging (MRI) done 3/17/2014 revealed disc protrusion at L4-5 and L3-4 and cervical spine MRI revealed findings of osteoarthopathy of the 1st carpometacarpal joint. The documentation noted that the injured worker was seen June 7, 2014 by an orthopedic spine surgeon who did not recommend surgical intervention for the cervical or lumbar spine at that time. Recommendations were made for outpatient therapy. The documentation noted that an orthopedic agreed with the injured worker not being a candidate for surgery on 11/11/2014. Documentation noted that he is unable to take norco 10/325 secondary to he developed an allergy to acetaminophen. The documentation noted that he had been on Percocet in the past. Was on oxycontin that has been beneficial and enable him to function on daily basis. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with obvious muscle guarding. Work status was to return to work modified duty. However, the injured

workers employer was unable to accommodate the work restrictions. On 11/24/2014 the utilization review non-certified a medication-narcotic oxycontin 20mg; one tablet BID quantity 60, noting the MTUS guidelines supports chronic opioid use, "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain". Oxycontin is a powerful opioid that is 50% stronger than morphine. This injured worker was injured 10 months ago. His oxycontin use had escalated without any documented functional improvement; he was not working and his overall medical treatment had not decreased. Opioids had previously been denied in this case. Therefore, oxycontin 20mg. #60 is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Narootlo Oxycontin 20MG; one tab BID Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: Oxycontin is a extended release preparation of the opioid medication oxycontin. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving oxycontin since at least January 2014 and analgesic medication needs are increasing. In addition there is no documentation that the patient has signed an opioid contract. The patient states that he is allergic to acetaminophen, but history of allergic reactions is inconsistent when taking Norco or Percocet. Criteria for long-term opioid use have not been met. The request should not be authorized.