

Case Number:	CM14-0219201		
Date Assigned:	01/09/2015	Date of Injury:	04/26/2002
Decision Date:	03/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 thirty-two year old male, who sustained an industrial injury on April 26, 2002. He has reported low back pain. The diagnoses have included post-laminectomy syndrome of the lumbar spine. Treatment to date has included retroperitoneal exposure, right side L5-S1, L5 and S1 anterior osteotomy, exploration and fusion of L5-S1 as well as removal of PEK interbody graft L5-S1, placement of anterior interbody cage L5-S1, spinal element, 18-mm cage, open reduction and spondylolisthesis at L5-S1, anterior lumbar interbody fusion at L5-S1 using slurry of allograft bone DBM, extra small Infuse, anterior instrumentation of L5-S1 using two 25-mm screws, L4-L5 anterior osteotomy, left retroperitoneal exposure, placement of PEEK interbody graft at L4-L5, 16, spinal elements, anterior lumbar interbody fusion, L4-L5 using allograft bone, left hip iliac crest blood graft as well as extra small Infuse, anterior instrumentation and open reduction, L4-L5 using two 25-mm screws and use of left hip iliac crest bone graft on 11/11/2014; imaging of the lumbosacral spine on July 25, 2014 which revealed an anterior posterior estimated fusion of L5-S1 with persistent grade 1 spondylolisthesis, an MRI of the lumbar spine on August 16, 2014 which revealed grade 1 spondylolisthesis deformity at L5-S1, severe right-sided L5-S1 foraminal narrowing compressing the right L5 nerve and early multi-level disc desiccation and posterior annular disc bulging. Currently, the injured worker complains of low back pain described as sharp in nature. The pain was described as constant and passes down the posterior part of both legs. The injured worker reported tingling/pins and needles and electrical sensations into the lower legs. He rated the pain a 10 on a 10/point scale. On December 16, 2014, Utilization Review non-certified one

prescription for Oxycodone 10 mg #56 between 12/8/2014 and 2/10/2015 and one prescription for OxyContin 20 mg #42, noting that because the injured worker had a prior history of a positive drug screen for amphetamines and history of illicit drug use, proceeding with Oxycodone and with OxyContin was not appropriate for the injured worker. The California Chronic Pain Treatment Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of prescription of oxycodone 10 mg, #56 and prescription of OxyContin 20 mg, #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycodone 10mg, #56: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. He underwent a multilevel spinal fusion in November 2011. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Oxycodone was medically necessary.

Prescription of Oxycontin 20mg, #42: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (OxyContin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing,.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. He underwent a multilevel spinal fusion in November 2011. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycontin is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Oxycontin was medically necessary.

