

Case Number:	CM15-0001411		
Date Assigned:	01/12/2015	Date of Injury:	05/19/1979
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker is a 71 year old male with a date of injury of 5-19-1979. He has chronic, severe back pain which radiates to both lower extremities on the order of 8-10/10 without medications and 0-3/10 with medications. He had a previous decompression, bilateral laminectomy and foraminotomy with an interbody fusion at L4-L5. The physical examination reveals diminished lumbar range of motion. and tenderness of the paraspinal muscles. Functionally, the notes document the injured worker would be bedridden without medication. With medication he can perform his activities of daily living including accessing the community and caring for his family. Because he can exercise while on medication, the notes document a 6-7 pound intentional weight loss and resolution of lower extremity edema. A urine drug screen was done 9-24-2014 with inconsistent but explainable results. The treating physician documents that there is a signed pain contract on file. The diagnoses include lumbar spinal stenosis, lumbar spondylolisthesis, and intractable pain syndrome. The medications include Topomax 25 mg twice a day, Cymbalta 60 mg a day, gabapentin 1200 mg twice daily, Amitiza 24 mcg twice a day, oxycontin 40 mg three times daily, percocet 10/325 mg every 4 hours for breakthrough pain, and Lyrica 75 mg twice a day. At issue is a request for Oxycontin 40 mg #180 and percocet 10/325 mg # 60. These were not certified by utilization review recently because of measurable subjective/objective functional benefit, no recent urine drug screen, no risk assessment profile for medication misuse, a lack of an updated and signed pain agreement, no attempt at weaning, and that Oxycontin is not a preferred medication on the workmen's compensation formulary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg, #180: Overturned

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

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

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality because of the medication. If the medications are working well, the dose of the opioids should not be reduced. Patients thought to be at low risk for medication misuse may have a urine drug test once a year. Opioids should come from a single prescriber. A risk assessment profile for medication misuse is recommended at the initiating of treatment and during treatment although the frequency of assessment is not well defined. In this instance, urine drug screening has occurred relatively recently. There have been no severe side effects. Evidence of pain relief and functional improvement has been provided. A pain contract is said to be on file. The lack of a risk assessment profile may merely be a reflection of the time span of the provided medical record (6 months). Weaning/tapering is not required by the guidelines when the medication is working. The Oxycontin has likely been in continuous use for a period of time which greatly exceeds the look back period for this review. Presumably, the approval of this non-formulary medication is a matter previously resolved as the date of injury stems from 1979. Therefore, OxyContin 40mg, #180 is medically necessary.

Percocet 10/325mg, #60: Overturned

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

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

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality because of the medication. If the medications are working well, the dose of the opioids should not be reduced. Patients thought to be at low risk for medication misuse may have a urine drug test once a year. Opioids should come from a single prescriber. A risk assessment profile for medication misuse is recommended at the initiating of treatment and during treatment although the frequency of assessment is not well defined. In this instance, urine drug screening has occurred relatively recently. There have been no severe side effects. Evidence of pain relief and functional improvement has been provided. A pain contract is said to be on file. The lack of a risk assessment profile may merely be a reflection of the time span of the provided medical record (6 months). Weaning/tapering is

not required by the guidelines when the medication is working. Therefore, Percocet 10/325 mg #60 is medically necessary.