

Case Number:	CM15-0005553		
Date Assigned:	01/20/2015	Date of Injury:	01/31/2011
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 1/31/2011. On 1/12/15, the injured worker submitted an application for IMR for review of 120 tablets of Oxycontin 60 mg with 2 refills, and 120 tablets of Oxycodone Hydrochloride 30mg with 2 refills. The physician SOAP notes dated 12/23/14 documents the injured worker complains of bilateral buttock, bilateral leg and bilateral feet with aching, sharp, burning constant pain. The physician notes reporting worsening lumbar back pain with bilateral radiating leg. These notes also report the injured worker experienced a fall on 11/15/14 due to feet numbness. The treating diagnoses included post laminectomy syndrome - lumbar, lumbar degenerative disc disease, postlaminectomy syndrome, intervertebral disc degeneration and depressive disorder. Treatment to date is documented as medication, rest, physical therapy, functional restoration program, epidural steroid injections, surgeries for L5-S1 posterior decompression with anterior and posterior fusion and spinal cord stimulator (6/21/13). Diagnostics include x-rays and lumbar MRI 7/28/14. On 12/23/14 Utilization Review non-certified request for 120 tablets of Oxycontin 60 mg with 2 refills, and 120 tablets of Oxycodone Hydrochloride 30mg with 2 refills. The MTUS - Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back and leg pain. The current request is for OXYCONTIN 60MG #120 WITH 2 REFILLS. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A urine drug screen was administered on 7/9/14, 8/9/14 and 10/14/14 which revealed inconsistencies. Progress report dated 8/21/14, states that the patient's "behavior is concerning for addiction." The patient has weaned off narcotics but UDS showed positive for multiple opiates. In the progress report dated 9/4/14, the physician stated "I continue to counsel him to stay off the opioids that have not been beneficial for him in the past." The Utilization review states that a telephone contact was made with the physician's assistant, who stated that the patient has not been prescribed Oxycodone or Oxycontin since 2013 and "requires no refills" and "believes the request may be an error." This patient has been weaned off narcotics and as stated in report dated 9/4/14, prior use of opioids "have not been beneficial for him in the past." The requested Oxycontin IS NOT medically necessary.

Oxycodone Hydrochloride 30mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with low back and leg pain. The current request is for OXYCODONE HYDRO-CLORIDE 30MG #120 WITH 2 REFILLS. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A urine drug screen was administered on 7/9/14, 8/9/14 and 10/14/14 which revealed inconsistencies. Progress report dated 8/21/14, states that the patient's "behavior is concerning for addiction." The patient has weaned off narcotics but UDS showed positive for multiple opiates. In the progress report dated 9/4/14, the physician stated "I continue to counsel him to stay off the opioids that have not been beneficial

for him in the past." The Utilization review states that a telephone contact was made with the physician's assistant, who stated that the patient has not been prescribed Oxycodone or Oxycontin since 2013 and "requires no refills" and "believes the request may be an error." This patient has been weaned off narcotics and as stated in report dated 9/4/14, prior use of opioids "have not been beneficial for him in the past." The requested Oxycodone IS NOT medically necessary.