MAXIMUS Federal Services

Case Number:	CM15-0103469		
Date Assigned:	06/08/2015	Date of Injury:	08/21/1998
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 41-year-old female, with a reported date of injury of 08/21/1998. The diagnoses include complex regional syndrome of the right upper extremity, headaches, low back pain, sciatica, cervical degenerative disc disease, cervical postlaminectomy syndrome, and cervical facet arthropathy. Treatments to date have included cervical epidural steroid injection, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and chiropractic treatment, two cervical spine surgeries, electrodiagnostic studies, and oral medications. The progress report dated 05/12/2015 indicates that the injured worker was interested in trying to wean down on her Oxycontin 30mg three to four times a days over the next month. Her pain level was 5 out of 10 with the last dose of Oxycodone and Xanax the morning of the visit, and Soma the night prior. The urine drug screen dated 03/20/2013 was negative for Xanax and Soma. The injured worker stated continued benefit with the use of her Oxycontin. She previously reduced her Oxycontin from 40mg four times a day, and stated that she was not currently able to reduce her medications further at this time. It was noted that the injured worker failed conservative treatments. The physical examination showed decreased cervical spine range of motion; positive right-sided cervical facet loading test; tenderness throughout the lumbar spine; positive lumbar facet loading test; slow and right antalgic gait; inability to heel-toe walk; decreased right shoulder range of motion; and weaker right upper extremity and hand. The treating physician requested Oxycontin 30mg #105. It was noted that the treating provider reduced her Oxycontin to three to four times a day and the injured worker would attempt to reduce to three times a day over the next month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg Qty 105 (between 5/15/15 and 6/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate Release; Opioids.

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

Decision rationale: OxyContin is a long-acting controlled release formula of Oxycodone. According to this patient's medical record it was prescribed for three to four times daily on-going pain management. MTUS Guidelines recognize and recommend extended-release opioids for pain managemnt. For on-going management with opioid medications MTUS recommendations include an assesment of current pain, least reported pain over a period since last assesment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assesment. This, along with oxycodone exceeds to recommended daily morphine equivalent dose per MTUS guidelines. According to MTUS Guidelines opioids should be continued if the patient has improved functioning and pain or has returned to work. Opioids should be discontinued if there is no overall improvement in function. Therefore, the above listed issue is considered NOT medically necessary.