

Case Number:	CM15-0109085		
Date Assigned:	06/15/2015	Date of Injury:	12/16/1997
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

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 68 year old male, who sustained an industrial injury on 12/16/1997. He reported low back pain. The injured worker was diagnosed as having lumbar radiculitis, cervical radiculitis, and complex regional pain syndrome-1, left lower extremity. Treatment to date has included medications. The request is for Oxycontin. On 5/15/2015, he complained of low back pain with radiation to the legs, left shoulder pain, and left sided neck pain with radiation to the left shoulder. He rated his pain 6/10 with medications and 10/10 without medications. He is noted to have decreased range of motion of the left shoulder, hyperesthesia of the left lower extremity, tenderness in the right trapezius with referral to the neck. The treatment plan included: Oxycontin, Baclofen, Lyrica, Amitiza, and lumbar epidural steroid injection. A progress report dated April 17, 2015 indicates that the OxyContin reduces the patient's pain by about 40% and lasts approximately 10 hours. Side effects include constipation which is controlled. The last urine drug screen was performed on July 2014 and was consistent; the last Patient Activity Report was December 2014 and was consistent. Functional assessment was performed on March 20, 2015. The risks and benefits of medication were discussed with the patient. The note indicates that the patient has been trialed on lower doses of opiates with decreased activities of daily living and increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #1120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Oxycontin is medically necessary.