

Case Number:	CM15-0012981		
Date Assigned:	01/30/2015	Date of Injury:	05/31/1998
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on 5/31/98. The documentation noted on 9/9/14 the injured worker has complaints of low back pain and is taking oxycontin 40mg twice a day and Percocet 5/325mg for breakthrough pain. The documentation noted that there is no improvement in his overall condition. The diagnoses have included low back pain. Magnetic Resonance Imaging (MRI) lumbar spine on 9/25/12 noted impression was unchanged L4-5 anterior spinal fusion; multilevel degenerative disc and facet disease, most pronounced at L5-S1 where there was moderate bilateral neural foraminal narrowing and mild spinal canal narrowing. According to the utilization review performed on 12/19/14, the requested (1) Prescription of Oxycontin 40mg, #56 has been modified (1) Prescription of Oxycontin 40mg, #42 for weaning. CA Chronic Pain Medical Treatment Guidelines for Oxycontin was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycontin 40mg, #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxydone, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: The applicant is a represented 63-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; and an opioid therapy. In a Utilization Review Report dated December 19, 2014, the claims administrator partially approved a request for OxyContin, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a letter dated December 4, 2014, the attending provider maintained that the applicant was stable on the current usage of OxyContin and Percocet. The attending provider acknowledged that the applicant had a lengthy history of treatment with opioids, interventional spine procedures, and earlier spine surgery. In a September 11, 2014 progress note, the applicant reported ongoing complaints of chronic low back pain. The applicant's medications included digoxin, Bactroban, aspirin, enalapril, potassium, Lasix, Mobic, Lopressor, Percocet, OxyContin, and Kenalog cream. The applicant reported 5/10 pain with opioid therapy versus 8/10 pain without opioid therapy. The attending provider stated that the applicant was "disabled" and not working. On December 4, 2014, the attending provider suggested that the applicant remain off of work on permanent disability. Both OxyContin and Percocet were renewed. REFERRAL QUESTIONS: 1. No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was receiving permanent disability benefits in addition to worker's compensation indemnity benefits, the treating provider acknowledged. While the treating provider did report some reduction in some scores reportedly effected as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication consumption, including ongoing OxyContin usage. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 80 When to Continue Opioids topic.