

Case Number:	CM15-0016224		
Date Assigned:	02/05/2015	Date of Injury:	07/31/2007
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 47 year old female, who sustained an industrial injury on 7/31/07. She has reported lumbar pain. The diagnoses have included lumbar degenerative disc disease, chronic pain syndrome, insomnia, neuropathic pain and lumbar myofascial pain. Treatment to date has included L4-L5 fusion, physical therapy, trigger point injections and oral medications. As of the PR2 dated 12/2/14, the injured worker reported that Dilaudid is no longer working to control back pain. She described her pain as distressing and intense. The treating physician requested to change medication from Dilaudid to Oxycontin 20mg #90. On 12/29/14 Utilization Review non-certified a request for Oxycontin 20mg #90. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and the ODG guidelines. On 1/28/15, the injured worker submitted an application for IMR for review of Oxycontin 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95, page 124.

Decision rationale: OxyContin (long-acting oxycodone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from lower back pain and anxiety with depression. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines, such as an individualized risk assessment. In the absence of such evidence, the current request for ninety tablets of OxyContin (long-acting oxycodone) 20mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was only just being started on this medication, an individualized taper should not be needed.