

Case Number:	CM15-0117664		
Date Assigned:	06/26/2015	Date of Injury:	09/28/1992
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 60-year-old male with a reported date of injury of 09/28/1992. The mechanism of injury was not indicated. The diagnoses include postlaminectomy syndrome of the lumbar spine, inflamed sacroiliac joint, and depressive disorder. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included urine toxicology screens. The medical report dated 01/22/2015 indicates that the injured worker rated his low back pain 5 out of 10 with his medications. Slight itching was noted as a side effect "sometimes," and no abnormal behavior was noted. The injured worker continued to do activities around the house. The treatment plans included the injured worker keeping a pain diary and continue exercising/walking. The injured worker was to follow-up in three months which would give him time to taper down. If unable, an opiate rotation to fentanyl patch instead of Oxycontin would be considered. The medical report dated 04/15/2015 indicates that the injured worker was there for follow-up on chronic low back pain. He felt that his medications were working well, with the average pain rated 6 out of 10 in his lumbar area and left thigh. It was noted that the injured worker used the Oxycontin as prescribed and tried to decrease Morphine and Norco to only when needed. The injured worker was still active around the house, but he must use a cane for stability. There was no abnormal behavior. The objective findings include tenderness of the right paralumbar area and over the sacroiliac joint with spasm of the paraspinal muscle of the lumbar and thoracic area, no swelling, redness, or rash, and positive straight leg raise test bilaterally when distracted. The treatment plan included the continuation of Oxycontin to try to decrease the use of Morphine and Norco. It was noted that the injured worker's pain was well controlled with minimal side effects and he is as active as he could be with disability. Urine toxicology was collected. The treating physician requested Oxycontin 40mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

300 Tablets of oxycontin 40mg controlled release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management and Opioids for chronic pain Page(s): 78 and 80.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation did include discussion of adverse effects and urine drug screening. Opioids for chronic back pain appear to be effective but limited for short-term pain relief, and the long-term effectiveness (greater than 16 weeks) is unclear, but also appears limited. Oxycontin has been prescribed for more than one year. There was no documentation of functional improvement as a result of its use. Work status was not discussed and there was no documentation of improvement in specific activities of daily living as a result of prescription of Oxycontin. Therefore, the request for Oxycontin is not medically necessary.