

Case Number:	CM15-0118397		
Date Assigned:	06/26/2015	Date of Injury:	11/23/2011
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male who sustained an industrial injury on 11/23/11. Diagnoses are listed as lumbar disc displacement and lumbosacral neuritis. In a progress report dated 5/13/15, a treating physician notes the injured worker complains of lower back pain, left leg numbness and cramps, anxiety, and he can't sleep. Complains of heartburn and ankles swelling Omeprazole was prescribed. Oxycontin 80mg, # 60 was prescribed for pain control and is noted that it reduces pain and increases his activities of daily living. It is also noted he is awaiting lumbar spine surgery. In a progress report dated 4/15/15, a treating physician reports the Oxycontin reduces pain by 50%. There is tenderness to the lumbar spine. Straight leg raise is positive. Pain is described as severe. Work status is to remain off work. The requested treatment is Oxycontin 80 mg, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Oxycontin 80 mg Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or evidence of increased function on long term opioids. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily and continues to have significant pain and no objective evidence of increase in function. The documentation indicates that there have been numerous prior recommendations due to lack of functional improvement on opioids. The request for continued Oxycontin is not medically necessary.