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| Case Number: | CM15-0124384 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 12/27/2000 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: Massachusetts

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 64-year-old male, who sustained an industrial injury on December 27, 2000. An evaluation on March 3, 2015 revealed the injured worker reported pain and withdrawal from being without his medications for five days. On physical examination the injured worker was healthy-appearing and well-nourished. He was in moderate distress and ambulating normally. Much of the submitted medical documentation was difficult to decipher. The diagnoses associated with the request included anxiety disorder, low back pain and panic disorder. The treatment plan included continued Oxycontin for lumbago and Lorazepam for myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2000 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain from 6/10 to 0-1/10 with improved tolerance for household activities. His medications had been decreased and he was having withdrawal symptoms. There was pain with lumbar spine range of motion and paraspinal muscle tenderness. Medications being prescribed include OxyContin and oxycodone at a total MED (morphine equivalent dose) of 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.