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| Case Number: | CM15-0127451 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 11/04/1999 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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 female with an industrial injury dated 11/04/1999. The injured worker's diagnoses include lumbar degenerative disc disease, neck sprain/strain, and reflex sympathetic dystrophy (RSD). Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/15/2015, the injured worker reported bilateral neck and lumbar spasms. The injured worker also reported bilateral wrist pain. The injured worker rated pain a 7/10 on a good day and a 9/10 on a bad day. Objective findings revealed mild bilateral paracervical tenderness right greater than left, bilateral paralumbar tenderness with spasms and decreased sensation in the right upper extremity. The treating physician prescribed Oxycodone 30mg, quantity: 60 and Oxycontin 80mg, quantity: 120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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

Decision rationale: Oxycodone 30mg, quantity: 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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 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 does not indicate improved significant evidence of objective functional improvement despite high dose opioids which exceed the 120 mg oral MED limit recommended by the MTUS. Therefore the request for Oxycodone is not medically necessary.

Oxycontin 80mg, quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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

Decision rationale: Oxycontin 80mg, quantity: 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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 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 does not indicate improved significant evidence of objective functional improvement despite high dose opioids which exceed the 120 mg oral MED limit recommended by the MTUS. Therefore the request for Oxycontin is not medically necessary.