

Case Number:	CM15-0128143		
Date Assigned:	07/15/2015	Date of Injury:	03/08/2000
Decision Date:	09/15/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 female, who sustained an industrial injury on 3/8/2000. Mechanism of injury is not noted. The injured worker was diagnosed as having chronic neck pain, chronic low back pain, right sided thoracic pain with T7 and 9 compression fractures, bilateral shoulder pain, headaches, insomnia, depression and anxiety and status post motor vehicle accident 2/16/14. Treatment to date has included oral medications including OxyContin, Percocet, Motrin, Nexium, Flexeril, Trazodone and Zanaflex; Botox injections to the lumbar spine and physical therapy. Currently on May 1, 2015, the injured worker complains of persistent neck, back and shoulder pain. She notes she took more medication than usual after starting a self-guided water therapy program that significantly aggravated her symptoms. She is requesting a 10 early refill of her OxyContin and Percocet. Work status is documented as no lifting over 10 pounds and no repetitive use of the upper extremities. Documentation of pain and relief from pain was not documented on 5/1/15; however on 2/4/15 she rated her pain currently at 7/10; 10/10 without medications and 5/10 with medications, took about 30 minutes for relief to take effect and lasted about 3 hours. Objective findings on May 1, 2015 were noted to be unchanged and on February 4, 2015 objective findings noted some tightness and tenderness to palpation of lumbar spine paraspinal muscles and continued tenderness and spasms in the cervical paraspinal muscles. The treatment plan included refills of Motrin 800mg #60, Flexeril 10mg 330, Trazodone 50mg #60 and Zanaflex 4mg #120, Percocet 10/325mg #60 and OxyContin 40mg 360 (with a do not fill date of 5/10/15); a request for repeat Botox injection to lumbar spine, acupuncture sessions and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycontin 40mg, #16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyIR, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, OxyContin is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. The most recent progress report did not include documentation of pain relief, effectiveness, functional improvement or response to ongoing opiate therapy. The 2 most recent Urine Drug Screens were inconsistent for medications prescribed; Percocet was not noted on the most recent test, though prescribed and findings were positive for Codeine, though not prescribed on both screens. Work status is noted to be no lifting over 10 pounds and no repetitive use of upper extremities. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested OxyContin is not medically necessary.