MAXIMUS Federal Services

Case Number:	CM15-0176208		
Date Assigned:	09/17/2015	Date of Injury:	06/11/1998
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 57 year old male, who sustained an industrial injury on 6-11-1998. The injured worker was diagnosed as having lumbar radiculopathy, post laminectomy, myofascial pain syndrome, and chronic pain syndrome. The request for authorization is for: Oxycontin 80mg #180. The UR dated 8-26-2015: modified certification of one prescription of Oxycontin 80mg #120. On 8-12-15, he is noted to be working full time. He reported low back and bilateral lower extremity pain. He rated his current pain on a good day 8 out of 10, and bad day 10 out of 10. On 8-20-15, he is reported to have a history of low back and bilateral lower extremity pain. He is reported to be working full time and having difficulty getting medications approved. There is notation that the decrease to his medications is "significantly affecting his ability to work" and with medications, he is able to work full time. The provider noted that the injured worker "requires Oxycontin for baseline management around the clock and Oxycodone for pain spikes". He rated his current pain 8 out of 10 on a good day and 10 out of 10 on a bad day. Physical findings revealed tenderness, stiffness and decreased range of motion to the neck; tightness, tenderness, and decreased range of motion to the lumbar spine with a positive straight leg raise test bilaterally. His gait is noted to be normal; and deep tendon reflexes of the lower extremities are noted to be decreased. The records do not indicate the outcomes with utilizing Oxycontin. He is reported to be working full time; however, it is unclear regarding functional improvement with continued use of Oxycontin. It is unclear regarding adverse side effects, and aberrant behaviors. There no clear indication of an opioid contract. The records indicate he has been utilizing opiates on a long-term basis since at least July 2005, possibly longer. A urine

drug screening on 3-25-15 was noted to have detected Temazepam and Oxazepam, which are inconsistent with prescriptions. The treatment and diagnostic testing to date has included: medications, urine drug screen (3-25-15), emergency room treatment (6-11-1998), unclear amount of physical therapy, magnetic resonance imaging of the lumbar spine and surgery of the low back (2001), massage, electrodiagnostic studies, CT scan, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in June 1998 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome with injury occurring when he was plastering a ceiling and the drywall horse collapsed. Lumbar surgeries were performed in August 2001 and May 2002. When seen, he was continuing to work full time. Pain was rated at 8-10/10. There was a BMI of over 33. There was lumbar tenderness and tightness with decreased range of motion and positive straight leg raising. There was buttock, piriformis, nerve, and donor site tenderness. OxyContin and Oxycodone were prescribed at a total MED (morphine equivalent dose) of 900 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 7.5 times 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, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.