

Case Number:	CM15-0064517		
Date Assigned:	04/10/2015	Date of Injury:	02/23/1991
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 64 year old male injured worker suffered an industrial injury on 02/23/1991. The diagnoses included failed back syndrome and chronic pain syndrome. The injured worker had been treated with opioid medications and home exercise program. On 3/6/2015, the treating provider reported low back pain. He reported muscle weakness in the left leg and back pain with sleep disturbances and restless sleep. The pain radiated from the lower back to the left lower extremity with numbness and tingling noted. The medications reduced pain for greater than 75% and are independent in the activities of daily living. The treatment plan included Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg/tab #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: OxyContin (long-acting oxycodone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing back pain, left leg weakness, and problems sleeping. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. Further, the recommended dose was higher than that supported by the Guidelines, there was discussion but no attempt to wean the medication down or start an unrestricted adjuvant medication, and the request included a very large number of smaller tablets rather than the recommended dose. For these reasons, the current request for 150 tablets of OxyContin (long-acting oxycodone) 40mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.