MAXIMUS Federal Services

Case Number:	CM15-0067462		
Date Assigned:	04/15/2015	Date of Injury:	09/23/2003
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 55 year old male who sustained an industrial injury on 9/23/2003. His diagnoses, and/or impressions, include: cervical disc lesion, foraminal herniation with compression, associated with whiplash injury and kyphotic deformity wedging, cervical spondylitic and traumatic myclo-radiculopathy and mild central cord syndrome; chronic cervical pain and tension headaches; chronic occipital neuralgia; cervical degenerative disc disease and spondylosis without myelopathy; lumbar degenerative disc disease with lumbar pain and decreased range-of-motion; thoracic pain with decreased range-of-motion; and chronic myalgia and myositis. A recent magnetic resonance imaging study of the lumbar spine was stated to have been done on 8/20/2014. His treatments have included neurosurgical cervical spine consultation; extensive chiropractic and physical therapy treatments; multiple types of injection therapies; and medication management. The progress notes of 1/9/2015 noted complaints of continued severe headaches and neck pain with pins/needles and achiness in the upper extremities; and severe low back pain. The physician's requests for treatments included a trial of Oxycontin, following a failed-trial of Norco which provided some pain relief but caused increased sleepiness, drowsiness and lethargy, resulting in a decreasing desire to get out or to drive; and after Fentanyl, which provided a 50% improvement in pain, did not make him sleepy/tired like the Norco, and improved his functionality, was taken away.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the injured worker is on current opioid therapy with Norco which provides pain relief and functional improvement compared to baseline. Though it was noted to increase sleepiness, drowsiness, and lethargy. I respectfully disagree with the UR physician, the request to trial Oxycontin is medically necessary.