

Case Number:	CM15-0074852		
Date Assigned:	04/24/2015	Date of Injury:	12/10/1999
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 injured worker is a 52-year-old male, who sustained an industrial injury on 12/10/1999. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include post laminectomy syndrome, lumbar discogenic pain, status post lumbar fusion in 2001 and revision in 2003, failed spinal cord stimulator, still in place, status post lumbar fusion in 2013, and chronic pain syndrome. Treatments to date included medication therapy and insertion of a spinal cord stimulator. Currently, he complained of increasing pain in the low back radiation to bilateral lower extremities. The pain was rated 7/10 with medication and 10/10 without medication. On 3/27/15, the physical examination documented tenderness to palpation and decreased range of motion in the lumbar spine. The plan of care included decreasing the OxyContin on a weaning taper by ten milligrams daily each month. On 10/6/14, the plan was to decrease the injured workers OxyContin from 180mg a day to 150mg a day at next visit. On 3/27/15, the plan was to decrease the injured workers OxyContin from 120mg a day to 110mg a day. On 4/7/15, an approval for OxyContin 40mg twice was given and a one-month supply of OxyContin 30mg once a day for weaning purposes was also allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for OxyContin 30mg once a day (oxycodone ER), California Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, a month supply was already approved at this dose for weaning and the injured worker is still getting the OxyContin at 40mg twice a day. In addition, the plan was to continue to decrease at the next visit so it is unlikely to be needed at this dose for more than a month, which was already allowed. In light of the above issues, the currently requested OxyContin 30mg once a day (oxycodone ER) is not medically necessary.