

Case Number:	CM15-0093472		
Date Assigned:	05/19/2015	Date of Injury:	06/22/1993
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male, who sustained an industrial injury on 6/22/1993. The mechanism of injury is not indicated. The injured worker was diagnosed as having neck pain, neuropathy, lumbago, headache, neuralgia-radiculopathy, muscle spasms, chronic opioid use, and lumbar intervertebral disc displacement without myelopathy, cervical disc degeneration, lumbar disc degeneration, sleep disturbance, depression, general anxiety, and knee pain. Comorbid conditions includes obesity (BMI 32.2) and diabetes. Treatment to date has included medications, pain management, back surgery in 1999, and 2010, electrodiagnostic studies, laboratory evaluations, and magnetic resonance imaging. On 11/20/2014, he complained of increased left leg pain, continued low back pain, and radiating pain down the left leg to the foot. He reported that Oxycodone was not working well. On 12/8/2014, it was reported that Oxycodone worked for him, but that he was switched to Dilaudid, which "does not help as much as Oxycodone". He has continued neck pain, headaches, and back pain that was improved from surgery. On 12/18/2014, he requested refills for medications, and denied side effects. He indicated his leg and back pain was worse. He rated his current pain as 6/10. His current medications were listed as Ambien, Oxymorphone, and Dilaudid. On 1/15/2015, he reported worsened pain after starting insulin injections. He reported his pain would be "better managed with another Oxycontin a day". His pain is rated 6/10, and there is not reported improvement in function since his last visit. On 3/18/2015, he complained of pain to the neck, low back, and left leg, difficulty sleeping, anxiety and depression. His pain is rated 5/10. He reported sleeping 8 hours per night, and denied being depressed or anxious.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids, Weaning of Medications Page(s): 60-1, 74-96, 124.

Decision rationale: Oxycodone (Oxycontin) is a semisynthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient has been using opioids for over 6 months yet many providers' notes state medications not effective at controlling pain suggesting the development of hyperalgesia and tolerance. The patient's present dose has a total morphine equivalent dose of 375 mg per day. There is no documentation of a drug contract with the patient for single provider prescribing opioid medications nor urine drug testing to screen for opioid abuse. Additionally, there is no documentation of failed use of first-line medications for chronic pain. For patient safety, continued use of this medication at this high dose is not recommended. Because of the danger from withdrawal consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity for continued use of this medication has not been established.