

Case Number:	CM15-0096434		
Date Assigned:	05/26/2015	Date of Injury:	06/05/2003
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial/work injury on 6/5/03. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, chronic pain syndrome, and morbid obesity. Treatment to date has included medication, surgery (bariatric on 3/25/15). Currently, the injured worker complains of increased pain with medication adjustment, moderate nausea, severe constipation, severe sweating, and moderate fatigue. Per the primary physician's progress report (PR-2) on 4/15/15, examination revealed tenderness to lumbosacral spine and paraspinous muscle spasm at times, flexion limited to 20 degrees and pain with lateral flexion and extension. Current plan of care included medication, continued weight loss regimen, and light duty status. The requested treatments include OxyContin 80mg oral tablet, extended release.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg oral tablet, extended release one by mouth every 8 hours maximum 24 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-97.

Decision rationale: The request is for Oxycontin ER 80 mg tid #90 in a patient with chronic low back pain (LBP) complicated by morbid obesity. CA MTUS Guidelines state that opioids appear to be efficacious in chronic back pain but limited for short-term pain relief. Long-term efficacy is unclear. Oxycontin is a time release formulation of Oxycodone and was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System, that are under FDA investigation. In this case, review of the records show that the patient is also prescribed Duragesic (Fentanyl) patches every 72 hours which provides continuous round-the-clock opioid therapy. There is no justification in the medical records as to why the patient requires two different potent round-the-clock opioid prescriptions. The complaint of severe constipation is likely secondary to the high-dose opioid therapy, which also puts the patient at risk for other adverse reactions secondary to CNS depression. As such, this request is not medically necessary or appropriate.