

Case Number:	CM15-0098291		
Date Assigned:	05/29/2015	Date of Injury:	04/07/2004
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 56 year old male who sustained an industrial injury on 04/07/04. Initial complaints and diagnoses are not available. Current diagnoses include postlaminectomy syndrome, degeneration of lumbosacral intervertebral disc, intervertebral disc disorder with myelopathy lumbar region, and muscle spasms. Treatments to date include medications, home exercise program, 3 neck surgeries, and a medial bundle branch block on 04/14/15 with a reported initial decrease in pain by 50%, which only lasted about 4 hours. Diagnostic studies are not addressed. Current complaints include low back pain. In a progress note dated 04/24/15 the treating provider reports the plan of care as a radiofrequency ablation of the median facet branches, and medications including OxyContin, Oxycodone, Valium, and Tizanidine, as well as flexion/extension x-rays of the cervical and lumbar spine. The requested treatments include is oxycodone. The injured worker has been on oxycodone since at least 07/01/14 and on the same dosage since 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

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. Although the provider is following these recommendations and the patient's dosing has been stable for at least six months, the total morphine equivalent dose for this patient (morphine sulfate and oxycodone combined) is 450 mg. This is significantly above the maximum dosing recommended and puts the patient at risk of increased morbidity and mortality. Continued use of high dose opioid therapy is not indicated and weaning of medications is recommended. Considering all the above information, medical necessity for use of this medication has not been established.