

Case Number:	CM15-0098895		
Date Assigned:	07/16/2015	Date of Injury:	06/19/2000
Decision Date:	09/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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: Arizona, Michigan

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 64-year-old male who sustained an industrial injury on 06/19/2000. Current diagnoses include postlaminectomy syndrome, opioid type dependence, chronic pain syndrome, lumbosacral spondylolithesis, and thoracic pain. Previous treatments included medications, surgical interventions, acupuncture, chiropractic, biofeedback, TENS unit, massage, injections, and physical therapy. Report dated 04/20/2015 noted that the injured worker presented with complaints that included increased thoracic pain above the fusion. Pain level was 8.5 (without medications) and 6 (with medications) out of 10 on a visual analog scale (VAS). The physician noted that Oxycontin was previously prescribed for nighttime pain, but authorization was pending. Physical examination was positive for tenderness to palpation throughout the back and facet loading maneuvers elicited pain. Current medication regimen included Oxycontin, Percocet, Lyrica, Cymbalta, and Zanaflex. The physician noted that the most recent urine drug screen was consistent (actual report was not included), patient activity review of the department of justice website are consistent, and the injured worker understands the risks and benefits of opioid therapy. It was also documented that the medications are reducing pain and improving function. The treatment plan included prescribing Percocet with a plan to decrease once Oxycontin is approved, trial of Oxycontin for nighttime pain, hold Zanaflex as he has plenty, Lyrica, and Cymbalta. Disputed treatments include Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Oxycontin 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids sections Page(s): 1 and 74-96.

Decision rationale: According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with each of the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of duration of symptomatic relief, improvement in the activities of daily living, and dependency on continued medical care. Therefore, the request for 30 Oxycontin 10 mg is not medically necessary.