

Case Number:	CM14-0129897		
Date Assigned:	08/20/2014	Date of Injury:	02/23/1991
Decision Date:	11/10/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 02-23-1991. He has reported injury to the low back. The diagnoses have included lumbar post-laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, diagnostics, surgical intervention, and home exercise program. Medications have included Oxycontin and Flector Patch. A progress report from the treating provider, dated 07-31-2014, documented an evaluation with the injured worker. The injured worker reported bilateral low back pain; he has had a total of four surgeries to the low back; the pain symptoms are unchanged since the last visit; the pain radiates to the left anterior thigh, left knee, and left leg; the quality of pain is described as burning, throbbing, and tingling; the present pain score is rated at 6 out of 10 in intensity; the average pain score is rated 6 out of 10, lowest pain score is rated 3-4 out of 10, and the worst pain score is rated 10 out of 10; the pain is constant, but variable in intensity; there is numbness in the left lower extremity and interference with sleep; alleviating factors include walking and medication; he has incorporated swimming into his home exercise program; he continues to take Oxycontin 40mg five times a day, which reduces his pain by greater than 75%; and he has been stable on this medication for several years and notes that his pain symptoms are fairly well controlled and he is able to remain independent in activities of daily living. Objective findings included he is in no acute distress; awake, alert, and oriented; and has a normal gait. The treatment plan has included the request for Oxycontin ER 40mg #150 with 0 refills. The original utilization review, dated 08-08-2014, non-certified the request for Oxycontin ER 40mg #150 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg #150 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics 12 Edition, Physician's Desk Reference, 68th Edition & Official Disability Guidelines workers compensation drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1991 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, he had pain rated at 3-10/10. He was having difficulty sleeping due to awakening with pain. Physical examination findings have included an antalgic gait. He has a normal body mass index. Medications include OxyContin being prescribed at 40 mg with dosing instructions of 1-2 tablets three times per day with a maximum of five per day with a daily average MED (morphine equivalent dose) of 300 mg. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. The dosing is incorrect as OxyContin is not taken on an as needed basis. Weaning is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.