

Case Number:	CM13-0015382		
Date Assigned:	10/07/2013	Date of Injury:	07/29/1988
Decision Date:	03/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year-old male sustained a low back injury on 7/29/1988 while employed by [REDACTED]. Requests under consideration include Oxycontin 30 mg QTY: 90, Oxycodone HCL 30mg QTY: 120 and Ambien Cr 12.5 mg. MRI of the lumbar spine dated 2/7/06 revealed disc disease at multiple lumbar levels; mild degree of straightening and loss of lordosis. Repeat MRI on 3/11/11 noted multiple degenerative disc changes throughout the lumbar spine. Reports of 4/11/13 from [REDACTED] noted patient with persistent moderate middle, lower back pain, gluteal area pain, which radiated to both feet and right thigh. Pain rated at 10/10 with numbness, piercing sharp shooting and stabbing pain. Objective findings: positive for insomnia, memory impairment, back pain and joint swelling. Diagnosis included COAT, degenerative disc disease of lumbar with spinal stenosis; Myalgia/myositis; Low back pain. Treatment plan: the patient reported his medications has been reduced a bit along the way and he insists that he needs the Oxycodone, he is not sure that the Oxycontin is helping all that much. The patient was given Oxycontin ER 30 mg, which he takes 1-2 at a time. He remains P&S. Report of 8/2/13 has same chronic pain complaints, unchanged clinical findings and diagnoses with plan for refill of medications. Requests for Oxycontin and Oxycodone were partially-certified from #120 to #90 and #180 to #120 respectively, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Oxycontin 30mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 64 year-old male sustained a low back injury on 7/29/1988 while employed by [REDACTED]. Requests under consideration include Oxycontin 30 mg QTY: 90, Oxycodone HCL 30mg QTY: 120 and Ambien Cr 12.5 mg. MRI of the lumbar spine dated 2/7/06 revealed disc disease at multiple lumbar levels; mild degree of straightening and loss of lordosis. Repeat MRI on 3/11/11 noted multiple degenerative disc changes throughout the lumbar spine. Reports of 4/11/13 from [REDACTED] noted patient with persistent moderate middle, lower back pain, gluteal area pain, which radiated to both feet and right thigh. Pain rated at 10/10 with numbness, piercing sharp shooting and stabbing pain. Objective findings: positive for insomnia, memory impairment, back pain and joint swelling. Diagnosis included COAT, degenerative disc disease of lumbar with spinal stenosis; Myalgia/myositis; Low back pain. Treatment plan included Oxycontin 30 mg and Oxycodone 30 mg. The patient reported that he is not sure that the Oxycontin is helping all that much. The report of 8/2/13 has unchanged chronic pain symptoms, exact clinical findings, diagnoses and treatment plan for opioids. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Oxycontin 30mg QTY: 120 is not medically necessary and appropriate.

Request for Oxycodone HCL 30mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Oxycodone HCL 30mg QTY: 180 is not medically necessary and appropriate.

Request for Ambien CR 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 64 year-old male sustained a low back injury on 7/29/1988 while employed by [REDACTED]. Requests under consideration include Oxycontin 30 mg QTY: 90, Oxycodone HCL 30mg QTY: 120 and Ambien CR 12.5 mg. Repeat MRI on 3/11/11 noted multiple degenerative disc changes throughout the lumbar spine. Reports of 4/11/13 from [REDACTED] noted patient with persistent moderate middle, lower back pain, gluteal area pain, which radiated to both feet and right thigh. Pain rated at 10/10 with numbness, piercing sharp shooting and stabbing pain. Objective findings: positive for insomnia, memory impairment, back pain and joint swelling. Diagnosis included COAT, degenerative disc disease of lumbar with spinal stenosis; Myalgia/myositis; Low back pain. Treatment plan included Oxycontin 30 mg and Oxycodone 30 mg. The report of 8/2/13 has unchanged chronic pain symptoms, exact clinical findings, diagnoses and treatment plan for opioids. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues

such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Ambien CR 12.5 mg is not medically necessary and appropriate.