

Case Number:	CM13-0023595		
Date Assigned:	03/14/2014	Date of Injury:	12/01/1994
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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/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:

The patient reported a date of injury of 12/01/1994. According to progress report dated 07/16/2013 by [REDACTED], the patient presents with chronic low back pain and left foot pain. He describes his pain as pins and needles, burning, aching, numbness, has increased sensitivity to light touch in the left foot. He currently rates his pain a 7/10. His pain is exacerbated by standing, walking, sitting. The patient reports the pain is constant. Previous treatments includes injection, chiropractic treatment, physical therapy, TENS unit, medications. He is extremely debilitated by the pain and does get benefit from pain medication. He is taking OxyContin 20 mg every 8 hours. All his medications do help to relieve his pain, but he still is limited in his activities and walks with a cane leaning to the right with significant deformity of his spine. His medications include OxyContin 20 mg, gabapentin 600 mg, Celebrex 200 mg, Cymbalta 30 mg, Abilify 10 mg, Ritalin 20 mg, metoprolol succinate 20 mg, lisinopril 20 mg, Crestor 20 mg. Examination of the lumbar spine shows a very long midline scar posteriorly that is well healed. There is obvious spinal deformity with scoliosis, likely degenerative. The left sacral sulcus is tender, right is nontender. Seated slump test does not prove to have some neural tension on the left made better with looking up. The treater is requesting a refill for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF OXYCONTIN CONTROLLED-RELEASE 40MG.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with chronic low back pain and left foot pain. The physician is requesting a refill for OxyContin for pain relief. Utilization review dated 09/03/2013 authorized the request for #30 tablets of OxyContin controlled release 40 mg. Progress report dated 07/16/2013 by [REDACTED], notes for medication efficacy "The symptoms are made better with prescribed medication.... Medications that have been tried include gabapentin (Neurontin), cymbalta. Medications that were not tolerated or ineffective for pain fentanyl patch." In this same report, the physician further notes that "All of these medications do help to relieve his pain but he still is limited in his activities and walks with a cane leaning to the right with significant deformity of his spine." MTUS Guidelines page 88,89 on Opioids require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medications, etc. Review of 214 pages of records show that the patient has been taking OxyContin since April 2013. It is unclear from the documentation provided if the patient has utilized oxycontin prior to this date. The physician fails to document worst pain, average pain, and least pain as it relates to medication use as required under MTUS outcome measures. There is no use of validated instrument, or numerical scale to denote the patient's functional changes with use of Oxycontin. The patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.