

Case Number:	CM13-0028312		
Date Assigned:	12/11/2013	Date of Injury:	03/20/2000
Decision Date:	01/31/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 48-year-old female who reported an injury on 03/20/2000. The injury was noted to have been sustained from moving and pulling boxes. Her symptoms were noted to include pain in her neck and lower back. Her physical exam findings included tenderness in the C2-7 region with muscle spasms; painful and restricted range of motion; tenderness of the thoracic spine with muscle spasms; tenderness in the lumbar spine region with muscle spasms; positive leg raising at 25 degrees; normal reflexes; decreased sensation was noted to all 4 extremities; and decreased motor strength to her bilateral upper extremities. Her diagnoses were listed as posttraumatic neck pain, upper back pain, middle back pain, and lower back pain with underlying discogenic disease, intractable pain, and radiculopathy. Her prescriptions were noted to be Oxycontin 20 mg 2 tabs twice a day and Norco 10/325 mg 2 tabs 4 times a day. It was noted at her 07/03/2013 visit that the physician discussed drug addiction tolerance with the patient and encouraged her to cut down on her pain medication. It was noted that the patient reported that she had no quality of life without her pain medications. Without the medications, the patient reported that she would be in bed all of the time. This issue was not noted to be discussed with the patient at her more recent 09/05/2013 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The detailed pain assessment should include the patient's current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require documentation regarding the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors. At her 07/03/2013 office visit, it was noted that the patient did discuss her activities of daily living with the use of her opioid medications. However, more recent documentation did not address this issue, and the clinical information submitted for review failed to provide recent documentation regarding any aberrant drug-taking behaviors, side effects of the medications, and a detailed pain assessment as required by the guidelines. Therefore, the request is non-certified.

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The detailed pain assessment should include the patient's current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require documentation regarding the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors. At her 07/03/2013 office visit, it was noted that the patient did discuss her activities of daily living with the use of her opioid medications. However, more recent documentation did not address this issue, and the clinical information submitted for review failed to provide recent documentation regarding any aberrant drug-taking behaviors, side effects of the medications, and a detailed pain assessment as required by the guidelines. Therefore, the request is non-certified.