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| Case Number: | CM13-0029934 | | |
| Date Assigned: | 03/17/2014 | Date of Injury: | 04/04/2008 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 and Rehabilitation, and is licensed to practice in Illinois. 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 is a 35-year-old female with a work-related injury of 04/04/2008. The patient's mode of injury is the patient was a substitute teacher in special education setting. The patient got caught in between 2 students who were fighting and was hit from the right side, she began complaining of pain to the lower back. The patient is diagnosed with degenerative disc disease, lumbar, post laminectomy syndrome, lumbar. The patient was seen on 12/31/2013 with chief complaint of low back and bilateral lower extremity pain. The patient noted pain at the appointment was 5/10. The patient states the pain from the lower back does radiate down the posterior aspect of both lower extremities with the right side being much worse than the left. The patient has undergone 4 prior spine surgeries. The patient notes that she has numbness in both lower extremities, her pain is worse with standing, walking, bending, and lifting. The patient does state that her activities of daily living are limited secondary to pain in particular items such as personal hygiene, cleaning house, and working. The patient did have an epidural steroid injection to L4-5 and L5-S1 which was transforaminal on 11/11/2013. The patient did note she obtained significant relief for a period of time. The patient's current medication is MS Contin 15 mg 1 tablet by mouth every 6 hours, Norco 10/325 mg 1 tab every 6 hours as needed for pain, Gralise 600 mg 3 tablets at bedtime, Senokot S 1 to 2 tablets twice daily as needed for constipation. On physical exam, the physician noted an antalgic gait for the patient. The physician also noted on palpation, moderate tenderness in the midline of the lower lumbar spine. Range of motion included lumbar flexion 40 degrees, extension 5 degrees to right and left lateral flexion and to left lateral flexion. The lower extremity strength was noted 3/5 to 4/5 for right lower extremity and left lower extremity was 4/5 to 5/5. The physician did note the patient had bilateral burning sensation along the posterior aspect of the right lower extremity to the foot with

light touch. OxyContin 40mg 1 tab twice a day #60 x 2 months was recommended on 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG 1 TAB PO BID #60 X 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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

Decision rationale: California MTUS Guidelines states for opioid monitoring there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation provided did note that the patient was having pain and did note a numerical number of 5/10 upon arrival. There was no documentation on the actual pain relief that the patient gets from the medication and how long that this lasts, or how often they are taking the medication since it is as needed. The documentation provided was lacking in that it did not have ongoing review and documentation of pain relief for patient as far as how effective the medication has been for the patient. Also, there was no documentation that the patient had been compliant as far as medication. Therefore, the request is non-certified.