

Case Number:	CM13-0043924		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2007
Decision Date:	06/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Management, 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 is a 46-year-old male with date of injury of 06/21/2007. The listed diagnoses per [REDACTED] dated 08/16/2013 are: 1. Failed back surgery syndrome. 2. Lumbar radiculopathy, bilateral lower extremities. 3. Status post L4-S1 fusion. 4. Status post L4-L5 laminectomy. 5. L3-L4 spinal stenosis, severe. 6. Lumbar degenerative disk disease. 7. Status post [REDACTED] spinal cord stimulator. 8. Withdrawal symptoms secondary to weaning off of OxyContin. According to the report, the patient continues to report low back pain, bilateral lower extremity pain, which has greatly improved with his spinal cord stimulator implant. Secondary issues are with the weaning of his pain medication, OxyContin, as he is having significant withdrawal symptoms. He has tried to go down to the OxyContin twice a day on a regular basis, but due to withdrawal symptoms, he has had to go back and forth between 2 times and 3 times a day. He has continued with oxycodone at 10-mg tablets, 4 times a day. He continues to report improvement with his sleep pattern, exercise regimen, and he is quite motivated to stop his OxyContin altogether. His current list of medications includes OxyContin 30 mg, oxycodone 10 mg, and ibuprofen 800 mg. Examination of the lumbar spine shows a well-healed midline and IPG site incision. No marks or lesions were noted. Lumbar spine is mildly tender. Range of motion of the lumbar spine is full. No pain is reported with range of motion. There is full range of motion of the hips and knees bilaterally. No clubbing, cyanosis, or edema noted. Motor strength is symmetric at 5/5. Sensory is diminished over the left thigh and calf to light touch and pinprick. Straight leg raise is negative bilaterally. Gait is not antalgic. The utilization review denied the request on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE FOR OXYCONTIN TWO (2) TIMES A DAY (BID):

Overtured

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

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting OxyContin. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that require "current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required that includes: Analgesia, Activities Of Daily Living (ADL)s, adverse side effects, and aberrant drug-seeking behavior. The reports from 01/10/2013 to 10/03/2013 showed that the patient has been prescribed OxyContin since 2012. The progress report dated 10/03/2013 documents, "He is currently on a weaning pattern for his OxyContin, which has been challenging for him, but nonetheless, he is determined to continue with the weaning. We will write for the script for the OxyContin b.i.d. and his followup prescription will be for q.d." In this case, the treating physician is documenting a slow weaning process for OxyContin while addressing the patient's ongoing withdrawal symptoms. Given the need for slow tapering of this medication, recommendation is for authorization.

OXYCODONE 10MG FOUR (4) TIMES A DAY (QID): Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting oxycodone 10 mg. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that require "current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: Analgesia, Activities Of Daily Living (ADL)s, adverse side effects, and aberrant drug-seeking behavior. The reports from 01/10/2013 to 10/03/2013 showed that the patient has been prescribed oxycodone since 2012. The treating physician documents medication efficacy stating, "He has continued with oxycodone at 10-mg tablets 4 times a day. He continues to report

improvement with his sleep pattern, exercise program, and is quite motivated to stop his OxyContin altogether." None of the 101 pages of records document any "pain assessment" using a numerical scale. Furthermore, the treating physician failed to document "outcome measures" or return-to-work discussions and a current urine drug screen to document medication adherence. In this case, given the lack of documentation of "pain assessment" and outcome measures as required by MTUS, recommendation is for denial and slow tapering of oxycodone. The request is not medically necessary and appropriate.