

Case Number:	CM13-0051002		
Date Assigned:	04/09/2014	Date of Injury:	01/10/2005
Decision Date:	08/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 injured worker is a 62-year-old male who reported an injury on 01/10/2005 due to an unknown mechanism. The injured worker had a physical examination on 06/11/2014 where he had continued complaints of neck pain that radiated into his arms as well as low back and then radiated into his legs. There was tenderness to palpation as well as spasm noted bilaterally about the cervical paraspinal musculature that translated down into the thoracic paraspinal musculature and down into the lumbar paraspinal musculature. Active voluntary range of motion of the cervical spine disclosed the injured worker was very guarded in neck motion. The injured worker complained of moderate pain at the extremes of motion. Active voluntary range of motion of the thoracolumbar spine was limited. The injured worker was able to forward flexion to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. The injured worker was able to heel and toe walk across the room without difficulty. There was no evidence of any limp or antalgic gait. Straight leg raising test was felt to be negative at 70 degrees in the sitting position as well as the supine position. Motor examination was normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. X-ray of the cervical spine with no reported date revealed lateral views with flexion and extension. The injured worker had a solid fusion at the C5-7 level. There was mild to moderate degenerative disc disease at the C4-5 level. The x-ray of the lumbar spine revealed solid posterior fusion at the L4-S1 level; there was moderate degenerative disease noted at the T12-L1 level and the L1-2 level. The mentioned medications for the injured worker were Soma, Prilosec, Neurontin, OxyContin 20 mg, and Oxycodone 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20 mg twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The documents submitted for review do not contain objective measurements of deficits such as range of motion values, motor and strength values. The California Medical Treatment Utilization Schedule states for the ongoing management of opioids review and documentation of pain relief should be done on a regular basis to include, 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, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There have been 4 domains that 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. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The average pain of the physical worker and the intensity or the longevity of pain before and after taking this medication was not reported. The recommended Morphine equivalent dose is 120mg daily. The injured worker is taking Oxycontin 20mg 2 times daily as well as Oxycodone 50mg with up to 4 pills per day. When combined, the injured worker's Morphine equivalency is 360 which exceed the recommended 120mg. The request does not indicate the quantity. Therefore, the request is not medically necessary.

Oxycodone 50mg for breakthrough pain, no more than four per day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The documents submitted for review does not contain objective measurements of deficits such as range of motion values, motor and strength values. The California Medical Treatment Utilization Schedule states for the ongoing management of opioids review and documentation of pain relief should be done on a regular basis to include, 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, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There have been 4 domains that 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. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. It was not reported the average pain of the physical worker, the intensity or the longevity of pain before and after taking this medication. The request does not mention a quantity. The Morphine equivalent dose is recommended at 120mg daily. The injured worker is taking Oxycontin 20mg 2 times daily as well as Oxycodone 50mg with up to 4 pills per day. When combined, the injured worker's Morphine equivalency is 360 which exceed the recommended 120mg. Therefore, the request is not medically necessary.