

Case Number:	CM13-0056455		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2000
Decision Date:	05/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 53-year-old male with a date of injury of 08/23/2000. The listed diagnoses are: Sciatica, Spinal stenosis in cervical region, Degeneration of cervical intervertebral disk, Spinal stenosis, and lumbar region with neurogenic claudicating. According to report dated 09/20/2013, the patient presents with chronic low back, neck, buttock, and leg pain. Examination revealed some moderate lumbar motion restriction with mild paraspinal tenderness and tightness. Examination results from 09/20/2013 were the same. MRI dated 10/16/2012 of the lumbar spine showed degenerative disk disease and spondylosis, moderate degree, with degenerative arthropathy of the facet joints. There is multilevel stenosis greatest at left sided L3 to L4, right sided at L5 to S1 level, and central canal stenosis most conspicuous at L3 to L4 level. The treater is requesting a refill of medications, epidural steroid injection at L3 to L4 and a psychological evaluation. Patient's medications include Oxycodone/acetaminophen 10 mg/325 mg and OxyContin ER 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE-ACETAMINOPHEN 10MG, 325MG FILL 11/20/13, QTY120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 79,80,18,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The physician is requesting a refill of Oxycodone 10mg #120 to be filled on 12/20/2013. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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." Medical reports show that this patient has been on Oxycodone since 05/23/2013, possibly longer, as this is the earliest report provided for review. In this case, none of the reports from 05/23/2013 to 10/12/2013 provided any discussions regarding pain relief or functional improvement from chronic opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Oxycodone. In addition, the treater provides no numerical scale to assess the patient's pain. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

LUMBAR EPIDURAL STEROID INJECTION MID L3-4 QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 46-47.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The recommendation is for a lumbar epidural steroid injection to mid L3 to L4. The MTUS Guidelines page 46 and 47 recommends epidural injections as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. In this case, the patient does not present with pertinent exam findings such as a positive SLR. There is no dermatomal sensory deficit or myotomal motor weaknesses are noted. MRI of Lumbar spine showed bilateral stenosis, severe left-sided and moderate to severe right sided at various levels but these findings are not correlated to the patient's symptoms via documentation of dermatomal pain. No EMG results are provided. Given the lack of a clear diagnosis of radiculopathy, recommendation is for denial.

WITH FLUROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 46-47.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The recommendation is for a lumbar epidural steroid injection with fluoroscopy. The MTUS Guidelines page 46 and 47 recommends epidural injections as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiographic studies. In this case, the patient does not present with any dermatomal distribution of pain or paresthesia. Given the patient does not meet the criteria for an ESI, the requested fluoroscopy is not medically necessary and recommendation is for denial.

PSYCHOLOGY REFERRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, INDEPENDENT MEDICAL EXAMINATIONS, PAGE 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, 2ND EDITION, (2004), PAGE 127.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The treater requests a psychological referral stating that patient has psychosocial factors interfering with physical functioning. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the treater does not provide any discussions on what psychosocial factors are present and how they are interfering with physical functioning. Without a rationale, one cannot determine its need. Recommendation is for denial.

OXYCODONE-ACETAMINOPHEN 10MG-325MG QTY 120 FILL 12/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 79,80,81,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The treater is requesting a refill of OxyContin ER to be filled on 12/20/2013. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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." Medical reports show that this patient has been on Oxycodone since 05/23/2013, possibly longer, as this is the earliest report provided for review. In this case, none of the reports from 05/23/2013 to 10/12/2013 provided any discussions regarding pain relief or functional improvement from opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of OxyContin. In addition, the treater provides no numerical scales to assess the patient's pain. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

OYCONTIN 10MG EXTENDED RELEASE FIL12/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID, Page(s): 79,80,81,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: This patient presents with chronic low back, neck, buttock, and leg pain. The treater is requesting a refill of OxyContin ER to be filled on 12/20/2013. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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." Medical reports show that this patient has been on Oxycodone since 05/23/2013, possibly longer, as this is the earliest report provided for review. In this case, none of the reports from 05/23/2013 to 10/12/2013 provided any discussions regarding pain relief or functional improvement from opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of OxyContin. In addition, the treater provides no numerical scales to assess the patient's pain. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.