

Case Number:	CM13-0062452		
Date Assigned:	12/30/2013	Date of Injury:	09/03/1999
Decision Date:	08/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology 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:

53 y/o male injured worker with date of injury 9/3/99 with related back pain. Per progress report dated 11/21/13, the injured worker reported pain rated at 10/10 without medication and 5-6/10 with medication. Severe lumbosacral tenderness was noted. Lumbar MRI dated 8/8/13 revealed a posterior lumbar interbody fusion at L5-S1; degenerative disc and moderate stenosis at L4-L5; moderate stenosis at L3-L4; and a slight posterior marginal disc bulge at L2-L3. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids four 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's: analgesia, activities of daily living, adverse side effects, and any 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. Review of the available medical records reveal insufficient documentation to support the medical necessity of oxycontin nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review functional status improvement or appropriate medication use. The MTUS Guidelines considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Progress report dated 6/5/14 documents pain relief secondary to the use of this medication; pain was rated at 10/10 without medication and 2-3/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, urine drug screen (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity, and were not present in the documentation. There is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS Guidelines recommends discontinuation of opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request for Oxycontin 80mg, #120 is not medically necessary.

SENNA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Furthermore, the request does not contain dosage or quantity information. As the requested opioids were not medically necessary, the request is not medically necessary.