MAXIMUS Federal Services

Case Number:	CM14-0003611		
Date Assigned:	01/31/2014	Date of Injury:	11/08/2000
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Pain Management 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 34-year-old male who has submitted a claim for post laminectomy syndrome associated from an industrial injury date of 11/08/2000. Medical records from 06/17/2005 to 12/03/2013 were reviewed and showed that patient complained of persistent back pain, graded 7/10. Medications relieved the pain to grade 3/10. The patient can walk for about 30 minutes before having to rest with opioid use. He is still unable to work. Physical examination showed tenderness over the bilateral paraspinal muscles at the level of L3. Lumbar flexion, extension, and rotation are limited with pain. Gait is normal without assistive device. Sensation is intact. X-ray of the lumbar spine, dated 09/25/2013, revealed fusion of the spine at L4 to S1, with pedicle screws and rods and interbody grafts. Treatment to date has included Ambien CR, baclofen, Dilaudid, Flexeril, lactulose, Lidoderm patch, MiraLax, omeprazole, Oxycontin, Viagra, and anterior/posterior lumbar discectomy and interbody fusion with posterolateral fusion with instrumentation (April 2002). Utilization review, dated 12/27/2013, modified the requests for Dilaudid, Oxycontin 10mg, and Oxycontin 30mg to facilitate weaning of patient from opioids and to prevent withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO PRESCRIPTIONS OF DILAUDID 2MG #120: Overturned

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: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: 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. In this case, patient has been on opioids since June 2005. A progress report, dated 12/03/2103, cited that medications provided effective analgesia, and allowed him to walk for 30 minutes. Constipation was reported, however, patient was prescribed MiraLax. Urine drug screens likewise showed consistent results with the prescribed medications. The criteria for ongoing opioid use have been met. Therefore, the request for two prescriptions of Dilaudid 2mg #120 is medically necessary.

TWO PRESCRIPTION OF OXYCONTIN 10MG #30: Overturned

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: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: 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. . In this case, patient has been on opioids since June 2005. A progress report, dated 12/03/2103, cited that medications provided effective analgesia, and allowed him to walk for 30 minutes. Constipation was reported, however, patient was prescribed MiraLax. Urine drug screens likewise showed consistent results with the prescribed medications. The criteria for ongoing opioid use have been met. Therefore, the request for TWO PRESCRIPTION OF OXYCONTIN 10MG #30 is medically necessary.

TWO PRESCRIPTION OF OXYCONTIN 30MG #60: Overturned

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: are 4 A's for ongoing monitoring of opioid use: 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. In this case, patient has been on

opioids since June 2005. A progress report, dated 12/03/2103, cited that medications provided effective analgesia, and allowed him to walk for 30 minutes. Constipation was reported, however, patient was prescribed MiraLax. Urine drug screens likewise showed consistent results with the prescribed medications. The criteria for ongoing opioid use have been met. Therefore, the request for TWO PRESCRIPTION OF OXYCONTIN 30MG #60 is medically necessary.